

MONTANA LEGISLATIVE HISTORY

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Chapter 418 19 2021

Bill HB 702 S _____ Original bill & history ✓ C

H. Committee on Judiciary

Hearing Date(s) 3-31 ✓ C

_____ C

_____ C

_____ C

Date Out 3-31 ✓ C

S. Committee on Pub. Health, Welfare

Hearing Date(s) 4-12 _____ C

_____ C

_____ C

_____ C

out 4-20

Did this bill originate in an interim committee? Yes No

Committee _____

Report _____

2nd Reading 4-1 ✓

3rd " 4-6 ✓

2nd reading 4-22

3rd " 4-23 -conc.

re'd H. W. amend.

2nd Reading / amend 4-26 -conc.

3rd " and 4-26 on Am by S.

Con amend

H. 2nd read. 4/28

" 3rd " 4/28 agreed

S. 2nd reading 4/29 at

" 3rd " 4/29 at

Bill Draft Number: LC1472

Bill Type - Number: HB 702

Short Title: Prohibit discrimination based on vaccine status or possessing immunity passport

Primary Sponsor: Jennifer Carlson (R) HD 69

Chapter Number: 418

Bill Actions - Current Bill Progress: Became Law

Bill Action Count: 75

Action - Most Recent First	Date	Votes Yes	Votes No	Committee
Chapter Number Assigned	05/07/2021			
(H) Signed by Governor	05/07/2021			
(H) Transmitted to Governor	05/04/2021			
(S) Signed by President	05/04/2021			
(H) Signed by Speaker	05/04/2021			
(C) Printed - Enrolled Version Available	04/30/2021			
(H) Returned from Enrolling	04/30/2021			
(H) Sent to Enrolling	04/29/2021			
(S) Returned to House Concurred in Governor's Proposed Amendments	04/29/2021			
(S) 3rd Reading Governor's Proposed Amendments Adopted	04/29/2021	31	19	
(S) 2nd Reading Governor's Proposed Amendments Adopted	04/29/2021	31	19	
(S) Scheduled for 2nd Reading	04/29/2021			
(H) Transmitted to Senate for Consideration of Governor's Proposed Amendments	04/28/2021			
(H) 3rd Reading Governor's Proposed Amendments Adopted	04/28/2021	64	32	
(H) Scheduled for 3rd Reading	04/28/2021			
(H) 2nd Reading Governor's Proposed Amendments Adopted	04/28/2021	65	35	
(H) Scheduled for 2nd Reading	04/28/2021			
(H) Returned with Governor's Proposed Amendments	04/28/2021			
(H) Transmitted to Governor	04/28/2021			
(S) Signed by President	04/28/2021			
(H) Signed by Speaker	04/28/2021			
(C) Printed - Enrolled Version Available	04/27/2021			
(H) Returned from Enrolling	04/27/2021			
(H) Sent to Enrolling	04/26/2021			
(H) 3rd Reading Passed as Amended by Senate	04/26/2021	67	32	
(H) Scheduled for 3rd Reading	04/26/2021			
(H) 2nd Reading Senate Amendments Concurred	04/26/2021	67	33	

(H) Scheduled for 2nd Reading	04/26/2021		
(S) Returned to House with Amendments	04/23/2021		
(S) 3rd Reading Concurred	04/23/2021	32	18
(S) Scheduled for 3rd Reading	04/23/2021		
(C) Printed - New Version Available	04/22/2021		
(S) 2nd Reading Concurred as Amended	04/22/2021	31	19
(S) 2nd Reading Motion to Amend Carried	04/22/2021	29	21
(S) 2nd Reading Motion to Amend Carried	04/22/2021	30	20
(S) 2nd Reading Motion to Amend Failed	04/22/2021	25	25
(S) Scheduled for 2nd Reading	04/22/2021		
(C) Printed - New Version Available	04/20/2021		
(S) Committee Report--Bill Concurred as Amended	04/20/2021		(S) Public Health, Welfare and Safety
(S) Committee Executive Action--Bill Concurred as Amended	04/20/2021	6	3 (S) Public Health, Welfare and Safety
(S) Hearing	04/12/2021		(S) Public Health, Welfare and Safety
(S) Referred to Committee	04/09/2021		(S) Public Health, Welfare and Safety
(S) First Reading	04/06/2021		
(H) Transmitted to Senate	04/06/2021		
(H) 3rd Reading Passed	04/06/2021	62	33
(H) Scheduled for 3rd Reading	04/06/2021		
(C) Printed - New Version Available	04/01/2021		
(H) 2nd Reading Passed as Amended	04/01/2021	66	34
(H) 2nd Reading Motion to Amend Carried	04/01/2021	99	1
(H) Scheduled for 2nd Reading	04/01/2021		
(C) Amendments Available	04/01/2021		
(H) Committee Report--Bill Passed	03/31/2021		(H) Judiciary
(H) Sponsor List Modified	03/31/2021		
(H) Committee Executive Action--Bill Passed	03/31/2021	12	7 (H) Judiciary
(H) Hearing	03/31/2021		(H) Judiciary
(C) Introduced Bill Text Available Electronically	03/29/2021		
(H) First Reading	03/29/2021		
(H) Referred to Committee	03/29/2021		(H) Judiciary
(H) Introduced	03/29/2021		
(C) Draft Delivered to Requester	03/29/2021		
(C) Draft Ready for Delivery	03/26/2021		
(C) Executive Director Final Review	03/26/2021		
(C) Draft Ready for Delivery	03/26/2021		
(C) Draft in Assembly	03/26/2021		
(C) Executive Director Review	03/26/2021		
(C) Bill Draft Text Available Electronically	03/26/2021		
(C) Draft in Final Drafter Review	03/26/2021		
(C) Draft in Input/Proofing	03/26/2021		

(C) Draft to Drafter - Edit Review [CMD]	03/23/2021
(C) Draft in Edit	03/23/2021
(C) Draft in Legal Review	03/23/2021
(C) Draft to Requester for Review	03/17/2021
(C) Draft Taken Off Hold	03/05/2021
(C) Draft On Hold	02/11/2021
(C) Draft Request Received	12/01/2020

Sponsor, etc.

Sponsor, etc.	Last Name/Organization	First Name Mi
Requester	Hinkle	Jedediah
Drafter	Sandru	Alexis
Primary Sponsor	Carlson	Jennifer

Subjects

Description	Revenue/Approp.	Vote Majority Req.	Subject Code
Appropriations (see also: State Finance)	Appropriation	Simple	APP
Health (see also: Health Care Services; Safety)		Simple	HLTH
Local Government (see also: City Subjects; County Subjects)		Simple	LG
Safety (see also: Health)		Simple	SAF
State Government		Simple	STGO

Additional Bill Information

Fiscal Note Probable: No
Preintroduction Required: N
Session Law Ch. Number: 418

DEADLINE

Category: Appropriation Bills

Transmittal Date: 04/08/2021

Return (with 2nd house amendments) Date: 04/29/2021

Section Effective Dates

Section(s)	Effective Date	Date Qualified
Sections 1,2, and 4-6	07-MAY-21	
Section 3	01-JUL-21	

HOUSE BILL NO. 702

INTRODUCED BY J. CARLSON, D. SKEES, J. READ, D. LENZ, W. GALT, S. BERGLEE, J. HINKLE, M. NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D. BARTEL, C. KNUDSEN, B. USHER, J. PATELIS, S. VINTON, M. HOPKINS, F. FLEMING, J. FULLER, R. KNUDSEN, J. KASSMIER, T. MOORE, B. LER, B. PHALEN, F. NAVE, L. BREWSTER, B. MITCHELL, A. REGIER, S. KERNS, S. GALLOWAY, S. GIST, E. HILL, J. SCHILLINGER, K. SEEKINS-CROWE, M. STROMSWOLD, J. GILLETTE, C. HINKLE, M. BINKLEY, R. MARSHALL

A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES."

WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy and health care or other interests"; and

WHEREAS, the Montana Supreme Court in *State v. Nelson*, 283 Mont. 231, 941 P.2d 441 (1997), concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Discrimination based on vaccination status or possession of immunity passport prohibited -- definitions. (1) It is an unlawful discriminatory practice for:

(a) a person or a government entity to refuse, withhold from, or deny to a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport;

(b) an employer to refuse employment to a person, to bar a person from employment, or to

discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or

(c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.

(2) A government entity or an employer does not unlawfully discriminate in violation of this section if any vaccination policy set forth by the government entity or the employer includes exemptions for a person to decline to be vaccinated based on medical or religious grounds.

(3) As used in this section, the following definitions apply:

(a) "Immunity passport" means a document, digital record, or software application indicating that a person is immune to a disease, either through vaccination or infection and recovery.

(b) "Vaccination status" means an indication of whether a person has received one or more doses of a vaccine.

NEW SECTION. Section 2. Appropriation. There is appropriated \$200 from the general fund to the department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

(1) notifying local boards of health of the requirements of [section 1] and requiring local boards of health to prominently display notice of the requirements of [section 1] on the home page of their website, if available, for at least 6 months after [the effective date of this act]; and

(2) requiring the department of public health and human services to prominently display notice of the requirements of [section 1] on the home page of the department's website for at least 6 months after [the effective date of this act].

NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [section 1].

NEW SECTION. Section 4. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

1

2 NEW SECTION. Section 5. Effective date. (1) Except as provided in subsection (2), [this act] is

3 effective on passage and approval.

4 (2) [Section 2] is effective July 1, 2021.

5 - END -

HOUSE BILL NO. 702

INTRODUCED BY J. CARLSON, D. SKEES, J. READ, D. LENZ, W. GALT, S. BERGLEE, J. HINKLE, M. NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D. BARTEL, C. KNUDSEN, B. USHER, J. PATELIS, S. VINTON, M. HOPKINS, F. FLEMING, J. FULLER, R. KNUDSEN, J. KASSMIER, T. MOORE, B. LER, B. PHALEN, F. NAVE, L. BREWSTER, B. MITCHELL, A. REGIER, S. KERNS, S. GALLOWAY, S. GIST, E. HILL, J. SCHILLINGER, K. SEEKINS-CROWE, M. STROMSWOLD, J. GILLETTE, C. HINKLE, M. BINKLEY, R. MARSHALL

A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES."

WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy and health care or other interests"; and

WHEREAS, the Montana Supreme Court in State v. Nelson, 283 Mont. 231, 941 P.2d 441 (1997), concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Discrimination based on vaccination status or possession of immunity passport prohibited -- definitions. (1) ~~It~~ EXCEPT AS PROVIDED IN SUBSECTION (2), it is an unlawful discriminatory practice for:

(a) a person or a ~~government~~ GOVERNMENTAL entity to refuse, withhold from, or deny to a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport;

(b) an employer to refuse employment to a person, to bar a person from employment, or to discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or

(c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.

~~(2) A government PERSON, A GOVERNMENTAL entity, or an employer does not unlawfully discriminate in violation of this section if any vaccination policy set forth by the government MAY REQUIRE A VACCINE AS LONG AS THE PERSON, GOVERNMENTAL entity, or the employer includes exemptions ALLOWS AN EXEMPTION for a person to decline to be vaccinated based on medical or religious grounds.~~

(2) THIS SECTION DOES NOT APPLY TO VACCINATION REQUIREMENTS SET FORTH FOR SCHOOLS PURSUANT TO TITLE 20, CHAPTER 5, PART 4, OR DAY-CARE FACILITIES PURSUANT TO TITLE 52, CHAPTER 2, PART 7.

~~(3)(2)(3) A PERSON, GOVERNMENTAL ENTITY, OR AN EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE UNDER THIS SECTION IF THEY RECOMMEND THAT AN EMPLOYEE RECEIVE A VACCINE.~~

(4) AN INDIVIDUAL MAY NOT BE REQUIRED TO RECEIVE ANY VACCINE WHOSE USE IS ALLOWED UNDER AN EMERGENCY USE AUTHORIZATION OR ANY VACCINE UNDERGOING SAFETY TRIALS.

(5) As used in this section, the following definitions apply:

(a) "Immunity passport" means a document, digital record, or software application indicating that a person is immune to a disease, either through vaccination or infection and recovery.

(b) "Vaccination status" means an indication of whether a person has received one or more doses of a vaccine.

NEW SECTION. Section 2. Appropriation. There is appropriated \$200 from the general fund to the department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

(1) notifying local boards of health of the requirements of [section 1] and requiring local boards of health to prominently display notice of the requirements of [section 1] on the home page of their website, if available, for at least 6 months after [the effective date of this act]; and

(2) requiring the department of public health and human services to prominently display notice of the requirements of [section 1] on the home page of the department's website for at least 6 months after [the

1 effective date of this act].

2

3 **NEW SECTION. Section 3. Codification instruction.** [Section 1] is intended to be codified as an
4 integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [section 1].

5

6 **NEW SECTION. Section 4. Severability.** If a part of [this act] is invalid, all valid parts that are
7 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,
8 the part remains in effect in all valid applications that are severable from the invalid applications.

9

10 **NEW SECTION. Section 5. Effective date.** (1) Except as provided in subsection (2), [this act] is
11 effective on passage and approval.

12 (2) [Section 2] is effective July 1, 2021.

13 - END -

1 HOUSE BILL NO. 702

2 INTRODUCED BY J. CARLSON, D. SKEES, J. READ, D. LENZ, W. GALT, S. BERGLEE, J. HINKLE, M.
3 NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D.
4 BARTEL, C. KNUDSEN, B. USHER, J. PATELIS, S. VINTON, M. HOPKINS, F. FLEMING, J. FULLER, R.
5 KNUDSEN, J. KASSMIER, T. MOORE, B. LER, B. PHALEN, F. NAVE, L. BREWSTER, B. MITCHELL, A.
6 REGIER, S. KERNS, S. GALLOWAY, S. GIST, E. HILL, J. SCHILLINGER, K. SEEKINS-CROWE, M.
7 STROMSWOLD, J. GILLETTE, C. HINKLE, M. BINKLEY, R. MARSHALL

8
9 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S
10 VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION
11 AND AN EXEMPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES."

12
13 WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is
14 personal and sensitive information that if improperly used or released may do significant harm to a patient's
15 interests in privacy and health care or other interests"; and

16 WHEREAS, the Montana Supreme Court in State v. Nelson, 283 Mont. 231, 941 P.2d 441 (1997),
17 concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana
18 Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

19
20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

21
22 **NEW SECTION. Section 1. Discrimination based on vaccination status or possession of**
23 **immunity passport prohibited -- definitions.** (1) ~~It~~ EXCEPT AS PROVIDED IN SUBSECTION (2), It is an unlawful
24 discriminatory practice for:

25 (a) a person or a ~~government~~ GOVERNMENTAL entity to refuse, withhold from, or deny to a person any
26 local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care
27 access, or employment opportunities based on the person's vaccination status or whether the person has an
28 immunity passport;

(b) an employer to refuse employment to a person, to bar a person from employment, or to discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or

(c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.

~~(2) A government PERSON, A GOVERNMENTAL entity, or an employer does not unlawfully discriminate in violation of this section if any vaccination policy set forth by the government MAY REQUIRE A VACCINE AS LONG AS THE PERSON, GOVERNMENTAL entity, or the employer includes exemptions ALLOWS AN EXEMPTION for a person to decline to be vaccinated based on medical or religious grounds.~~

(2) THIS SECTION DOES NOT APPLY TO VACCINATION REQUIREMENTS SET FORTH FOR SCHOOLS PURSUANT TO TITLE 20, CHAPTER 5, PART 4, OR DAY-CARE FACILITIES PURSUANT TO TITLE 52, CHAPTER 2, PART 7.

~~(3)(2)(3)~~ (A) A PERSON, GOVERNMENTAL ENTITY, OR AN EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE UNDER THIS SECTION IF THEY RECOMMEND THAT AN EMPLOYEE RECEIVE A VACCINE.

(B) A HEALTH CARE FACILITY, AS DEFINED IN 50-5-101, DOES NOT UNLAWFULLY DISCRIMINATE UNDER THIS SECTION IF IT COMPLIES WITH BOTH OF THE FOLLOWING:

(I) ASKS AN EMPLOYEE TO VOLUNTEER THE EMPLOYEE'S VACCINATION OR IMMUNIZATION STATUS FOR THE PURPOSE OF DETERMINING WHETHER THE HEALTH CARE FACILITY SHOULD IMPLEMENT REASONABLE ACCOMMODATION MEASURES TO PROTECT THE SAFETY AND HEALTH OF EMPLOYEES, PATIENTS, VISITORS, AND OTHER PERSONS FROM COMMUNICABLE DISEASES. A HEALTH CARE FACILITY MAY CONSIDER AN EMPLOYEE TO BE NONVACCINATED OR NONIMMUNE IF THE EMPLOYEE DECLINES TO PROVIDE THE EMPLOYEE'S VACCINATION OR IMMUNIZATION STATUS TO THE HEALTH CARE FACILITY FOR PURPOSES OF DETERMINING WHETHER REASONABLE ACCOMMODATION MEASURES SHOULD BE IMPLEMENTED.

(II) IMPLEMENTS REASONABLE ACCOMMODATION MEASURES FOR EMPLOYEES, PATIENTS, VISITORS, AND OTHER PERSONS WHO ARE NOT VACCINATED OR NOT IMMUNE TO PROTECT THE SAFETY AND HEALTH OF EMPLOYEES, PATIENTS, VISITORS, AND OTHER PERSONS FROM COMMUNICABLE DISEASES.

(4) AN INDIVIDUAL MAY NOT BE REQUIRED TO RECEIVE ANY VACCINE WHOSE USE IS ALLOWED UNDER AN EMERGENCY USE AUTHORIZATION OR ANY VACCINE UNDERGOING SAFETY TRIALS.

(5) As used in this section, the following definitions apply:

1 (a) "Immunity passport" means a document, digital record, or software application indicating that a
2 person is immune to a disease, either through vaccination or infection and recovery.

3 (b) "Vaccination status" means an indication of whether a person has received one or more doses of
4 a vaccine.

5
6 NEW SECTION. Section 2. Exemption. A LICENSED NURSING HOME, LONG-TERM CARE FACILITY, OR
7 ASSISTED LIVING FACILITY IS EXEMPT FROM COMPLIANCE WITH [SECTION 1] DURING ANY PERIOD OF TIME THAT
8 COMPLIANCE WITH [SECTION 1] WOULD RESULT IN A VIOLATION OF REGULATIONS OR GUIDANCE ISSUED BY THE CENTERS
9 FOR MEDICARE AND MEDICAID SERVICES OR THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

10
11 NEW SECTION. Section 3. Appropriation. There is appropriated \$200 from the general fund to the
12 department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

13 (1) notifying local boards of health of the requirements of [section 1] and requiring local boards of
14 health to prominently display notice of the requirements of [section 1] on the home page of their website, if
15 available, for at least 6 months after [the effective date of this act]; and

16 (2) requiring the department of public health and human services to prominently display notice of the
17 requirements of [section 1] on the home page of the department's website for at least 6 months after [the
18 effective date of this act].

19
20 NEW SECTION. Section 4. Codification instruction. [Section 4] is [SECTIONS 1 AND 2] ARE intended
21 to be codified as an integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3,
22 apply to [section 4] [SECTIONS 1 AND 2].

23
24 NEW SECTION. Section 5. Severability. If a part of [this act] is invalid, all valid parts that are
25 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,
26 the part remains in effect in all valid applications that are severable from the invalid applications.

27
28 NEW SECTION. Section 6. Effective date. (1) Except as provided in subsection (2), [this act] is

1 effective on passage and approval.

2 (2) [Section 2 3] is effective July 1, 2021.

3 - END -



AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN EXCEPTION AND AN EXEMPTION; PROVIDING AN APPROPRIATION; AND PROVIDING EFFECTIVE DATES.

WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy and health care or other interests"; and

WHEREAS, the Montana Supreme Court in *State v. Nelson*, 283 Mont. 231, 941 P.2d 441 (1997), concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Discrimination based on vaccination status or possession of immunity passport prohibited -- definitions. (1) Except as provided in subsection (2), it is an unlawful discriminatory practice for:

(a) a person or a governmental entity to refuse, withhold from, or deny to a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport;

(b) an employer to refuse employment to a person, to bar a person from employment, or to discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or

(c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.

(2) This section does not apply to vaccination requirements set forth for schools pursuant to Title 20, chapter 5, part 4, or day-care facilities pursuant to Title 52, chapter 2, part 7.

(3) (a) A person, governmental entity, or an employer does not unlawfully discriminate under this section if they recommend that an employee receive a vaccine.

(b) A health care facility, as defined in 50-5-101, does not unlawfully discriminate under this section if it complies with both of the following:

(i) asks an employee to volunteer the employee's vaccination or immunization status for the purpose of determining whether the health care facility should implement reasonable accommodation measures to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases. A health care facility may consider an employee to be nonvaccinated or nonimmune if the employee declines to provide the employee's vaccination or immunization status to the health care facility for purposes of determining whether reasonable accommodation measures should be implemented.

(ii) implements reasonable accommodation measures for employees, patients, visitors, and other persons who are not vaccinated or not immune to protect the safety and health of employees, patients, visitors, and other persons from communicable diseases.

(4) An individual may not be required to receive any vaccine whose use is allowed under an emergency use authorization or any vaccine undergoing safety trials.

(5) As used in this section, the following definitions apply:

(a) "Immunity passport" means a document, digital record, or software application indicating that a person is immune to a disease, either through vaccination or infection and recovery.

(b) "Vaccination status" means an indication of whether a person has received one or more doses of a vaccine.

Section 2. Exemption. A licensed nursing home, long-term care facility, or assisted living facility is exempt from compliance with [section 1] during any period of time that compliance with [section 1] would result in a violation of regulations or guidance issued by the centers for medicare and medicaid services or the centers for disease control and prevention.

Section 3. Appropriation. There is appropriated \$200 from the general fund to the department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

(1) notifying local boards of health of the requirements of [section 1] and requiring local boards of health to prominently display notice of the requirements of [section 1] on the home page of their website, if available, for at least 6 months after [the effective date of this act]; and

(2) requiring the department of public health and human services to prominently display notice of the requirements of [section 1] on the home page of the department's website for at least 6 months after [the effective date of this act].

Section 4. Codification instruction. [Sections 1 and 2] are intended to be codified as an integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [sections 1 and 2].

Section 5. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

Section 6. Effective date. (1) Except as provided in subsection (2), [this act] is effective on passage and approval.

(2) [Section 3] is effective July 1, 2021.

- END -

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 67th LEGISLATURE - REGULAR SESSION

COMMITTEE ON JUDICIARY

Call to Order: Chair Amy Regier, on March 31, 2021 at 8:00 AM, in Room 137 Capitol

ROLL CALL

Members Present:

Rep. Kathy Kelker, Vice Chair (D)
Rep. Amy Regier, Vice Chair (R)
Rep. Seth Berglee (R)
Rep. Laurie Bishop (D)
Rep. Jennifer Carlson (R)
Rep. Robert Farris-Olsen (D)
Rep. Frank Fleming (R)
Rep. Tom France (D)
Rep. Jane Gillette (R)
Rep. Jedediah Hinkle (R)
Rep. Dennis R. Lenz (R)
Rep. Brandon Ler (R)
Rep. Bob Phalen (R)
Rep. Derek Skees (R)
Rep. Ed Stafman (D)

Members Excused:

Rep. Barry Usher, Chair (R)
Rep. Donavon Hawk (D)
Rep. Mallerie Stromswold (R)
Rep. Danny Tenenbaum (D)

Members Absent: None

Staff Present:

Lydia Balian, Committee Secretary
Rachel Weiss, Legislative Branch
Hallie Swain, Remote Meeting Coordinator

Audio Committees: These minutes are in outline form only. They provide a list of participants and a record of official action taken by the committee. The link to the audio recording of the meeting is available on the Legislative Branch website.

Committee Business Summary:

Hearing & Date Posted: HB 641, 3/26/2021; HB 659, 3/26/2021; HB 665, 3/26/2021; HB 685, 3/26/2021; HB 702, 3/26/2021; HB 703, 3/26/2021; HB 709, 3/26/2021
Executive Action on: HB 641; HB 659; HB 665; HB 685; HB 702; HB 703; HB 709

10:56:56 Rep. Phalen
 10:57:14 Maria Wyrock, self
 11:00:50 Rep. Bishop
 11:01:29 Jean Branscum, MMA
 11:03:28 Rep. Stafman
 11:05:24 Erin McGowan, AMPHO
 11:05:59 Rep. Skees
 11:06:40 Lauren Wilson, self

Closing by Sponsor:

11:07:33 Rep. J. Hinkle

HEARING ON HB 702

Opening Statement by Sponsor:

11:11:09 Rep. Jennifer Carlson (R), HD 69, opened the hearing on HB 702, Prohibit discrimination based on vaccine status or possessing immunity passport.

Proponents' Testimony:

11:13:42 Kelly Klostermeyer, self
 11:13:57 Heather Richards, self
 11:14:24 Jessica Kirkendall, self
 11:15:55 Matt Furlong, Montana Child Protection Alliance (MCPA)
 11:16:40 Darren Gaub, self
 11:18:30 Maria Wyrock, self

EXHIBIT(juh63a04)

11:23:15 Dennison Rivera, Lewis and Clark Young Republicans
 11:26:43 Tim McKenrick, self
 11:26:52 Rep. Berglee rejoined the meeting.
 11:27:41 Steve Cape, Montana Coalition for Safety and Justice
 11:31:24 Anna Shchemelinin, self
 11:35:20 Lacey Berg, self
 11:36:50 Denise Johnson, self

Opponents' Testimony:

11:38:39 Sean Slanger, Montana Bioscience Association

EXHIBIT(juh63a05)

11:39:49 Heather O'Hara, Montana Hospital Association (MHA)
 11:41:51 Erin McGowan, Association of Montana Public Health Officials (AMPHO)
 11:42:27 Nanette Gilbertson, Montana Advocates for Children
 11:44:11 Jean Branscum, Montana Medical Association (MMA)
 11:48:18 Stacey Anderson, Montana Primary Care Association (MPCA)
 11:49:54 Chair Usher left the meeting.
 11:50:00 Vice Chair Regier assumed the chair.
 11:50:38 Marian Kummer, self
 11:53:46 Lauren Wilson, American Academy of Pediatrics (AAP)
 11:56:05 Kylee Bodley, American Academy of Pediatrics (AAP)

Informational Testimony: None

Questions from Committee Members and Responses:

11:57:05 Rep. J. Hinkle
11:57:49 Chair Usher rejoined the meeting.
12:00:26 Maria Wyrock, self
12:02:37 Rep. Bishop
12:03:00 Lauren Wilson, self
12:04:32 Rep. Phalen
12:05:02 Erin McGowen, AMPHO

Closing by Sponsor:

12:05:48 Rep. Carlson

12:05:52 Rep. Lenz and Rep. Skees left the meeting.

EXECUTIVE ACTION ON HB 702

12:08:57 **Motion/Vote:** Rep. A. Regier moved that **HB 702 DO PASS**. Motion carried 12-7 by roll call vote with Rep. Bishop, Rep. Farris-Olsen, Rep. France, Rep. Hawk, Rep. Kelker, Rep. Stafman and Rep. Tenenbaum voting no. Rep. Hawk, Rep. Lenz and Rep. Skees voted by proxy.

EXECUTIVE ACTION ON HB 703

12:10:09 **Motion:** Rep. A. Regier moved that **HB 703 DO PASS**.

12:10:14 **Motion:** Rep. A. Regier moved that **HB 703 BE AMENDED**.
EXHIBIT(juh63a06)

Discussion:

12:10:35 Rep. J. Hinkle
12:10:44 Rachel Weiss, LSD

12:11:08 **Vote:** Motion carried 12-7 by voice vote with Rep. Bishop, Rep. Farris-Olsen, Rep. France, Rep. Hawk, Rep. Kelker, Rep. Stafman and Rep. Tenenbaum voting no. Rep. Hawk, Rep. Lenz and Rep. Skees voted by proxy.

12:11:42 **Motion:** Rep. A. Regier moved that **HB 703 DO PASS AS AMENDED**.

Discussion:

12:11:51 Rep. Stafman
12:12:49 Rep. J. Hinkle
12:13:35 Chair Usher

12:13:49 **Vote:** Motion carried 12-7 by roll call vote with Rep. Bishop, Rep. Farris-Olsen, Rep. France, Rep. Hawk, Rep. Kelker, Rep. Stafman and Rep. Tenenbaum voting no. Rep. Hawk, Rep. Lenz and Rep. Skees voted by proxy.

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

Filed: July 10, 2017

* * * * *

CHASE BOATMON & MAURINA	*	PUBLISHED DECISION
CUPID, <i>parents of J.B., deceased</i>	*	
	*	No. 13-611V
	*	
Petitioners,	*	Special Master Gowen
	*	
V.	*	Entitlement Decision: Diphtheria-
	*	Tetanus-acellular Pertussis (DTaP)
SECRETARY OF HEALTH	*	Vaccine; Inactivated Polio Vaccine
AND HUMAN SERVICES.	*	(IPV); Haemophilus Influenzae (HiB)
	*	Vaccine; Pneumococcal Conjugate
Respondent.	*	(PCV) Vaccine; Rotavirus Vaccine;
	*	Sudden Infant Death Syndrome (SIDS).

* * * * *

Ronald C. Homer & Joseph M. Pepper, Conway, Homer P.C., Boston, MA, for petitioners.
Lara A. Englund & Ryan M. Pyles, United States Department of Justice, Washington, DC, for respondent.¹

RULING ON ENTITLEMENT²

On August 27, 2013, Chase Boatmon and Maurina Cupid (“petitioners”), as the representatives of the estate of their deceased minor child, J.B., filed a petition under the **National Vaccine Injury Compensation Program** (“Vaccine Act” or the “Program”),³ 42 U.S.C. § 300aa-10 *et. seq.* (2012). Petitioners allege that as a result of receiving vaccinations for

¹ Mr. Homer is petitioners’ attorney of record, while his colleague Mr. Pepper appeared at the entitlement hearing. Similarly, for respondent, Ms. Englund has always been the attorney of record, but Mr. Pyles appeared at the entitlement hearing.

² Because this decision contains a reasoned explanation for the action in this case, the undersigned intends to post it on the website of the United States Court of Federal Claims, pursuant to the E-Government Act of 2002, *see* 44 U.S.C. § 3501 note (2012). The court’s website is at <http://www.uscfc.uscourts.gov/aggregator/sources/7>. Before the decision is posted on the court’s website, each party has 14 days to file a motion requesting redaction “of any information furnished by that party: (1) that is a trade secret or commercial or financial in substance and is privileged or confidential; or (2) that includes medical files or similar files, the disclosure of which would constitute a clearly unwarranted invasion of privacy.” Vaccine Rule 18(b). “An objecting party must provide the court with a proposed redacted version of the decision.” *Id.* If neither party files a motion for redaction within 14 days, the decision will be posted on the court’s website. *Id.*

³ The National Vaccine Injury Compensation Program is set forth in Part 2 of the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3705, codified as amended, 42 U.S.C. §§ 300aa-1 to -34 (2012). All citations in this decision to individual sections of the Vaccine Act are to 42 U.S.C. § 300aa.

Diphtheria-Tetanus-acellular Pertussis ("DTaP"), inactivated polio ("IPV"), haemophilus influenzae ("HiB"), Pneumococcal Conjugate ("PCV"), and Rotavirus vaccinations on September 2, 2011, J.B. passed away from Sudden Infant Death Syndrome ("SIDS") on September 3, 2011. *See* Petition (ECF No. 1); Amended Petition (ECF No. 15).

After carefully analyzing and weighing all of the evidence and testimony presented in this case in accordance with the applicable legal standards, the undersigned finds that petitioners have met their legal burden. **Petitioners have put forth preponderant evidence that the vaccines J.B. received on September 2, 2011 actually caused or substantially contributed to his death from Sudden Infant Death Syndrome. Furthermore, respondent has failed to put forth preponderant evidence that J.B.'s death was in fact caused by factors unrelated to the vaccines.** Accordingly, **petitioners are entitled to compensation.**

I. BACKGROUND

A. Procedural History

Petitioners filed a petition for compensation pursuant to the Vaccine Act on behalf of their deceased minor son, J.B., on August 27, 2013. Petition (ECF No. 1). They filed an amended petition on February 6, 2014. Amended Petition (ECF No. 15). Petitioners filed the expert report of Dr. Douglas C. Miller, a neuropathologist, along with the medical literature referenced in his report, on May 20, 2014. Exhibit 13, 14 (ECF No. 21).⁴

On September 9, 2014, respondent filed a Rule 4(c) report advising against compensation. Rule 4(c) Report (ECF No. 28). That same day, he filed an expert report and medical literature referenced therein from Dr. Brent Harris, a pathologist. Exhibit A (ECF No. 29). Respondent also filed an expert report and medical literature from Dr. Christine T. McCusker. Exhibit C (ECF Nos. 30-32). Petitioners filed a supplemental report from Dr. Miller on November 10, 2014. Exhibit 16 (ECF No. 35). Extensive and detailed medical literature was submitted in support of all of the expert reports.⁵

At numerous stages of this case, the undersigned encouraged the parties to pursue the possibility of an informal resolution and/or to consider mediation. *See, e.g.*, Order filed December 9, 2014 (ECF No. 37). The parties ultimately did not settle the case. An entitlement hearing was held on Thursday, August 6, and Friday, August 7, 2015, in Washington, D.C. Dr. Miller testified on behalf of petitioners, and Dr. Harris and Dr. McCusker testified for respondent. The case was well tried and involved detailed expert testimony from both sides. *See*

⁴ On October 14, 2014, petitioners refiled the medical literature cited in Dr. Miller's report, highlighting the specific portions being relied upon to support causation. Petitioners' Notice of Refiling Documents (ECF No. 34).

⁵ I have read and digested all of the literature submitted in this case and will reference numerous but not all articles in the course of this opinion. However, all articles have been considered in coming to a conclusion in this case. More recent articles, particularly those by the same authors or groups, are referenced more frequently because they incorporate, build upon, and update the earlier literature. Petitioners and Dr. Miller filed Exhibits 13-A through 13-V and Exhibits 14 through 21. Respondent and Dr. Harris filed Exhibits A-1 through A-6. Respondent and Dr. McCusker submitted Exhibits C-1 through C-20 and Exhibits D through G.

(emphasis added). In this scenario, “if the infant’s ventilator response to the progressive hypoxia and hypercapnia during the apnea is depressed, and if the hypoxic gasping and/or arousal mechanism is abnormal, oxygen lack from uninterrupted apnea results. Ultimately, death occurs *within minutes to hours*.” *Id.* (emphasis added).

Respondent filed the article by Trachtenberg et al., which emphasized that they could find no positive correlations between risk factors or risk clusters but it appeared that any combination of risks together increased the odds of SIDS. The fact that most infants have at least two extrinsic risk factors suggests that SIDS occurs as a result of the occurrence of multiple factors and rarely just one.⁴² The Kashiwagi article⁴³ filed by petitioners suggests that vaccines provoke an inflammatory cytokine response similar to that provoked by a mild infection. Petitioners theorize that these cytokines travel to the brainstem and further suppress the function of the already impaired medullary 5-HT system in a subset of SIDS infants.

a. Cytokines, Mild Infection and Vaccines

Relevant to this case, in a 2009 article in the New England Journal of Medicine, Kinney and Thach stated, “A causal role for mild infection in sudden infant death is suggested by reports that in approximately half of SIDS cases, the infants have a seemingly trivial infection around the time of death, as well as mild tracheobronchial inflammation, altered serum immunoglobulin or cytokine levels and the presence of microbial isolates at autopsy. In infants who die unexpectedly of infection, the given organism may precipitate a lethal cytokine cascade or toxic response.”⁴⁴ The question arises as to whether the cytokine response stimulated by vaccination can have the same effect as a mild or trivial infection in a baby who presumably has a defect in the medullary 5-HT system.

The role of cytokines stimulated by either mild infection or by vaccination is central to petitioners’ theory in this case. Approximately 50% of SIDS babies have been found in multiple studies to have had mild or even “trivial” infections, primarily of the upper respiratory tract at the time of death. In this case, J.B. was documented the prior day as being healthy with patent nares, normal turbinates, and clear chest, but during the 28 hours after the vaccine he was reported to have a fever, which is generated by cytokine signaling. He also was distant, quiet, and would not eat, according to his parents. The case raises the issue of whether inflammatory cytokines stimulated by the innate response to the vaccines triggered the fever and his fussiness, and ultimately suppressed his 5HT system sufficiently so that he could not process the carbon dioxide in his system. The question of whether inflammatory cytokines stimulated by the innate response to the vaccine could have been the trigger that led to his death was central to the testimony and much of the literature submitted by the parties particularly in light of the clear medical evaluation on the day of the vaccination and a fever within hours afterward.

⁴² Trachtenberg, Kinney, et al. (2012), Exhibit C-11 at 7.

⁴³ Kashiwagi Y et al., *Production of Inflammatory Cytokines in Response to Diphtheria-Pertussis-Tetanus (DPT), Haemophilus Influenzae Type B (Hib) and 7-Valent Pneumococcal (PC7) Vaccines*, 10 Hum. Vacc. Immunother. 677 (2014), Exhibit 17.

⁴⁴ Kinney & Thach (2009), Exhibit A-4 at 2.

As Dr. Kinney and her colleagues explained in 2011: “Cytokines orchestrate immune responses to microbial invasion and other insults and coordinate these responses with those of other physiological systems, including the autonomic nervous system, in the protection of the organism against tissue injury. They also mediate sickness behavior, including fever, anorexia, excessive sleepiness, blunted arousal, deep rest respiration, and lowered heart rate, which is thought to protect the organism during systemic illness by dampening excessive metabolic demands and thereby speeding repair and recovery - a form of homeostasis.”⁴⁵ “Cytokines determine this sickness behavior by binding to endogenous cytokine receptors on neuronal populations in the hypothalamus and/or brainstem that mediate respiration, autonomic function, satiety, sleep, and arousal.” *Id.* at 190. The cytokines which act within the brain in response to tissue injury are produced by astrocytes, and endothelial cells, microglia, and/or peripheral immune cells which enter the brain in response to binaural signals of tissue damage.” *Id.* (emphasis added). During infection, peripherally produced IL-6 may cross the blood brain barrier and bind to IL-6 receptors on 5 HT neurons that mediate homeostasis in response to the infectious stressor and potentially mediate sickness behavior. *Id.* at 191. The role of pro-inflammatory cytokines in the pathology of SIDS is thought by multiple authors to be a potentially critical factor in tipping the molecular balance in the underdeveloped brainstem leading to death in infants in the vulnerable time period. IL-1 β , IL-2, and IL-6 are pro-inflammatory cytokines that have been studied in connection with SIDS leading to theories about their potentially neuro-modulatory role in SIDS babies.

Kadhim et al. described a distinct cytokine profile in a SIDS brain in a study comparing SIDS brains with non-SIDS brains. The non-SIDS brains were from infants who died of known causes, including AIDS, cirrhosis of the liver, mononucleosis, purulent meningitis, and congenital heart disease with post-operative acidosis-shock. He found an over-expression of interleukin 1 β in arcuate and dorsal vagal nuclei in all SIDS victims. In arcuate nuclei, high levels of interleukin 1 β were detected in 17/17 SIDS brains vs. only 1 of 6 non-SIDS brains.⁴⁶ In dorsal vagal nuclei, interleukin 1 β was also detected in high levels in 17 of 17 SIDS brains vs. only 2 of 7 non-SIDS brains. *Id.* Kadhim found a “region-specific pattern of cytokine expression in [the arcuate and dorsal vagal nuclei] of SIDS brains compared to non-SIDS brains.” *Id.* at 1259. Kadhim theorized: “cytokines could exert neuromodulatory effects. Infectious inflammatory conditions and injury to the brain could up regulate pro inflammatory cytokines and produce functional alteration ... Cytokine/neurotransmitter interactions could therefore modify vital CNS functions.” *Id.* Kadhim et al. further concluded that IL-1 causes prolonged apnea and depresses respiration, and that the brain appears to be less effective than the peripheral nervous system in inducing IL-1 antagonists to control IL-1 action.

⁴⁵ Kinney et al. (2011), Exhibit 13-F at 189.

⁴⁶ Kadhim, H. et al., *Distinct Cytokine Profile in SIDS Brain: A Common Denominator in a Multifactorial Syndrome?*, 61 *Neurol.* 1256 (2003), Exhibit 13-L at 1256.



Lessons from the Lockdown

Why are so many fewer children dying?

A White Paper from Health Choice

By Amy Becker and Mark Blaxill

June 18, 2020

6. Net effect in life-years. Every untimely death is tragic. But if one considers life-years lost, the premature death of an infant carries more weight than the premature death of someone whose life expectancy is 5 years or less. And whereas the median age at death of, say, a Minnesotan dying of Covid19 is 83, the typical life expectancy of that senior citizen absent Covid19 might be just 2-3 more years. By comparison, when an infant in lockdown avoids a death, the potential impact in life years saved can rise to 80 years or more.

When one measures the net effect of life years either lost or gained during the pandemic and associated lockdowns, the net result across age groups is unexpectedly mixed. (5)

Figure 17: Average Life Expectancy per Age Cohort	
Under 1 year	78.2
1-4 years	76.5
5-14 years	69.5
15-24 years	59.7
25-34 years	50.3
35-44 years	41.0
45-54 years	32.4
55-64 years	23.5
65-74 years	15.9
75-84 years	9.3
85 years and over	2.5

Not surprisingly, excess deaths are highest in the oldest seniors where life expectancy is the lowest. Combining the excess deaths with life expectancy by age group (with an adjustment for the quality of those life-years) shows the toll of the pandemic: about 540,000 life-years lost among those 65 and older. (3) (5) (6)

By comparison, the reduction in expected deaths is highest in infants, where the life expectancy benefits are the greatest. Compared to expectations, the lives of over 200 infants per week were saved during the month of May. Combining the number of lives saved in infants and children aged 1-4, demonstrates a smaller but comparably large and beneficial effect: roughly 145,000 life-years saved among children under 5.

**Figure 18: Quality-Adjusted Life-Years (QALY) Saved or Lost
by US Age Group
During COVID-19 Pandemic
Feb 1 - May 16, 2020**

Under 1 Year	110,358
1-4 Years	13,729
5-14 years	14,590
15-24 Years	15,352
Age <25 Life Years Saved	154,029
25-34 years	(53,678)
35-44 years	(115,648)
45-54 years	(68,264)
55-64 years	(234,432)
65+ Life Years Lost	(540,077)
65-74 years	(341,519)
75-84 years	(172,317)
85 years and over	(26,240)

Noting the surprising effect of the lockdown on infants and children under 5 does nothing to negate the tragic effect of the pandemic on the elderly. It does, however, raise a question: why are so many fewer children dying?

7. **Causation?** When infants die, the cause is frequently some form of congenital condition or birth defect. Sadly, accidents and homicides are frequent causes as well. There are however, frequent cases in which previously healthy infants die unexpectedly. These deaths are usually classified as “Sudden Infant Death Syndrome” or SIDS. According to the CDC, SIDS deaths are one of the two largest causes of death among infants aged 1 month to 1 year. (7)

**Figure 19: Postnatal Infant
Causes of Death, 2017
(aged 1 month - 1 year)**

<u>Cause</u>	<u>IMR*</u>
Congenital Malformation	0.32
<u>SIDS</u>	<u>0.32</u>
Accidents	0.31
Circulatory Complications	0.09
Homicide	0.07

*Deaths per 1000 live births

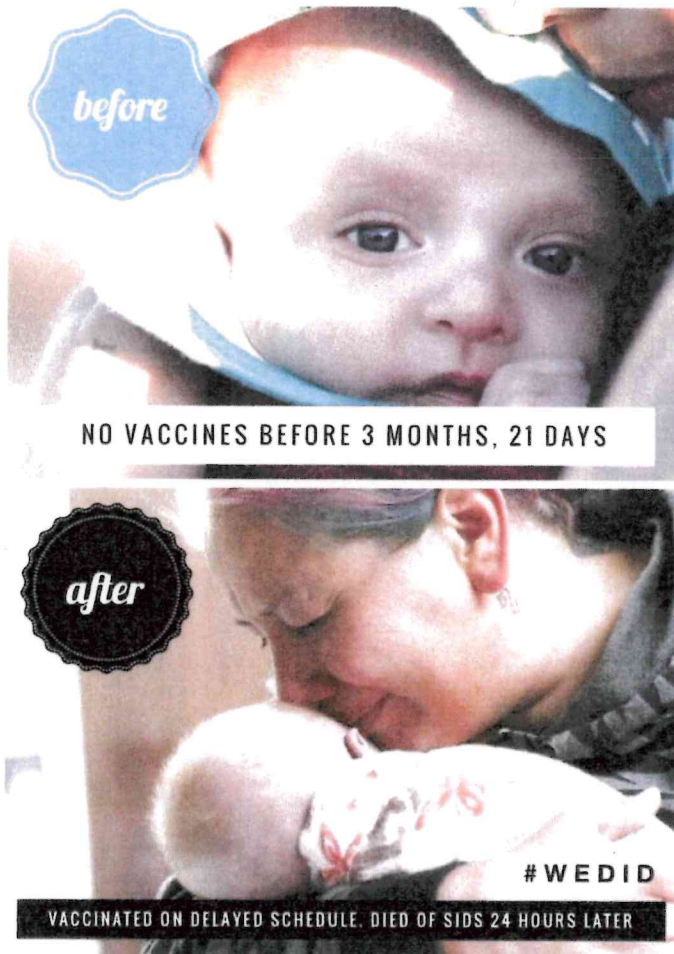
We have no specific data on the trend in SIDS deaths during the pandemic. We have, however, heard anecdotal reports from emergency room (ER) doctors suggesting some have observed a decline in SIDS. One doctor who says he might see 3 cases of SIDS in a typical week has seen zero cases since the pandemic and associated lockdowns began.

What has changed during this period that might have such an effect? Are infant deaths not being recorded? Are parents taking better care of their families while working remotely and their children are not going to school? There are many possible hypotheses about the infant death decline.

One very clear change that has received publicity is that public health officials are bemoaning the sharp decline in infant vaccinations as parents are not taking their infants into pediatric offices for their regular well-baby checks. In the May 15 issue of the CDC Morbidity and Mortality Weekly Report (MMWR), a group of authors from the CDC and Kaiser Permanente reported a sharp decline in provider orders for vaccines as well as a decline in pediatric vaccine doses administered. (8) These declines began in early march, around the time infant deaths began declining.

Dear Legislators: Our family is Native American living in Billings. My 4th child, Kaleo Dale NoRunner passed away May 14th 2016, a day after receiving his first vaccinations that were also delayed for his age. He was 3 months and 22 days old.

- Kaleo was included in the statistics presented to the Supreme Court to have SIDS added to vaccine inserts as a reaction in 2017.
- Research dug up during that trial did in fact prove that SIDS is higher in vaccinated babies.



I lost my son in a matter of minutes. I was laying with him cuddling, giving him nose kisses & he was smiling at me and holding my finger. He began to doze off to sleep. Within minutes he was blue and limp. He went to ER with faint heartbeat but could not be saved.

This picture was taken by a dear friend who was with us at the ER after our son passed away and she captured this very raw picture. **I can feel my pain in this picture. We spent hours with Kaleo after he passed. Just me and my husband. It was so hard to leave him there and not bring him home ever again.**

Hill Heart, 406-200-0270
hilnorunner@yahoo.com



EXHIBIT 5
DATE 3/31/21
HB 702

March 30, 2021

The Honorable Barry Usher, Chair
House Judiciary Committee
Capitol Station
Helena, MT 59620

Dear Representative Usher:

The Biotechnology Innovation Organization (BIO) has taken an **oppose** position on **HB 702**, which would prohibit a governmental entity from denying access to a good or service based on an individual's vaccination status or whether an individual has an immunity passport, and prohibit an employer from conditioning employment or condition of employment based on an individual's vaccination status or whether an individual has an immunity passport.

BIO is a national trade association for the biotechnology industry, representing over 1,000 companies and academic institutions involved in the research and development of innovative healthcare, agriculture, industrial, and environmental biotechnology products. Our members include vaccine developers and manufacturers who have worked closely with the public health community to support policies that help ensure access to innovation and life-saving vaccines for all individuals.

Immunizations are a triumph of public health. Over the past century, high childhood immunization rates have led to millions of lives saved, cases of disease averted, and costs to the health care system saved. US federal Food and Drug Administration (FDA) approval and Centers for Disease Control and Prevention (CDC) recommendations for use of vaccines represent the gold standard globally; BIO therefore supports the use of vaccines according to FDA's and CDC's guidelines.

The COVID-19 pandemic has shown us the devastating effects of an infectious disease unchecked by a vaccine. Biopharmaceutical companies have worked tirelessly over the past year to find a vaccine to provide the longed-for end to this pandemic, the full opening of the economy, and a return to everyday activities. While questions from the public about the safety, efficacy, and speed of the COVID-19 vaccine are legitimate and should be addressed, policies that sow doubt in people's minds merely serve as an undue barrier to the end of the pandemic.

BIO is concerned that HB 702 would have much broader application than COVID "immunity passports," and would have numerous unintended consequences. For example, this bill would arguably ban all existing school immunization requirements and prohibit a hospital from requiring employees with direct patient contact from either receiving an annual flu vaccine or wearing a mask during flu season. Policies such as these have been enacted to protect the most vulnerable among us from deadly infectious disease. We fear that HB 702 would harm the public health and safety by interfering with evidence-based policies.

The state legislature should focus on policies that reflect the best scientific evidence to facilitate access to vaccines for those that want to be vaccinated rather than policies that

discourage it, especially in the middle of a pandemic. Alternative vaccine policies may include:

- Educational communications or campaigns about the importance of vaccination, including remaining up-to-date on routine immunizations during the pandemic;
- Increasing funding for public health and the immunization infrastructure;
- Lowering Medicaid cost-sharing for vaccines, as Medicaid-enrolled and uninsured adults are the only population that has any cost-sharing requirements for vaccines;
- Improving the state immunization information system (IIS) to ensure interoperability and the ability of all immunizer to report into the system; and
- Expanding scope of practice for different provider types to ensure adults can get vaccines in their communities at their convenience.

BIO and our members welcome the opportunity to discuss strategies for facilitating vaccinations. Please do not hesitate to reach out if we can be a resource.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bria Warren", with a stylized, flowing script.

Bria Warren
Director, State Government Affairs

cc: Members, House Judiciary Committee

BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES 67th LEGISLATURE - REGULAR SESSION

HOUSE JUDICIARY COMMITTEE

Date: Wednesday, March 31, 2021

Place: Capitol

Time: 8:00 AM

Room: 137

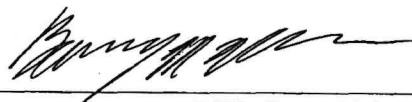
BILLS and RESOLUTIONS HEARD:

HB 641 - Revise search and rescue dog training laws - Rep. Steve Gist (R)
HB 659 - Generally revise criminal laws - Rep. Andrea Olsen (D)
HB 665 - Generally revise criminal procedure law regarding booking photos and public info - Rep. Brandon Ler (R)
HB 685 - Revise judicial standards laws - Rep. Brad Tschida (R)
HB 702 - Prohibit discrimination based on vaccine status or possessing immunity passport - Rep. Jennifer Carlson (R)
HB 703 - Prohibit the use of vaccination status or immunity passport for certain purposes - Rep. Jedediah Hinkle (R)
HB 709 - Revise double proxy marriage fee - Rep. Matt Regier (R)

EXECUTIVE ACTION TAKEN:

HB 641 - Do Pass
HB 659 - Be Tabled
HB 665 - Do Pass
HB 685 - Do Pass
HB 702 - Do Pass
HB 703 - Do Pass as Amended
HB 709 - Do Pass as Amended

Comments:



REP. Barry Usher, Chair



The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

JUDICIARY COMMITTEE

ROLL CALL

DATE: 3/31/21

NAME	PRESENT	ABSENT/EXCUSED
REP. USHER, CHAIR		✓
REP. AMY REGIER, VICE CHAIR	✓	
REP. KELKER, VICE CHAIR	✓	
REP. BERGLEE	✓	
REP. BISHOP	✓	
REP. CARLSON	✓	
REP. FARRIS-OLSEN	✓	
REP. FLEMING	✓	
REP. FRANCE	✓	
REP. GILLETTE	✓	
REP. HAWK		✓
REP. JEDEDIAH HINKLE	✓	
REP. LENZ	✓	
REP. LER	✓	
REP. PHALEN	✓	
REP. SKEES	✓	
REP. STAFMAN	✓	
REP. STROMSWOLD		✓
REP. TENENBAUM		✓

19 MEMBERS



The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

JUDICIARY COMMITTEE

ROLL CALL VOTE

BILL NUMBER HB 702

DATE 3/31/21

MOTION Do Pass

NAME	AYE	NO	PROXY
REP. AMY REGIER, VICE CHAIR	✓		
REP. KELKER, VICE CHAIR		✓	
REP. CARLSON	✓		
REP. STROMSWOLD	✓		
REP. BERGLEE	✓		
REP. PHALEN	✓		
REP. FLEMING	✓		
REP. STAFMAN		✓	
REP. LENZ	✓		✓
REP. GILLETTE	✓		
REP. LER	✓		
REP. TENENBAUM		✓	
REP. BISHOP		✓	
REP. J. HINKLE	✓		
REP. HAWK		✓	✓
REP. SKEES	✓		✓
REP. FARRIS-OLSEN		✓	
REP. FRANCE		✓	
REP. USHER, CHAIR	✓		

19 MEMBERS



The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

AUTHORIZED COMMITTEE PROXY 67TH LEGISLATIVE SESSION

I request to be excused from the Judiciary Committee.

I desire to leave my proxy vote with Rep. A. Regier.

BILL	AYE	NO
HB 644 Do Pass	✓	
Amendment HB 709.1.1	✓	
Substitute motion to pass consideration HB 709		✓
HB 709 as amended ^{Do} Pass	✓	
HB 659 Do Pass		✓
HB 702 Do Pass	✓	
Amendment HB 703.1.1	✓	
HB 703 as amended ^{Do} Pass	✓	
HB 685 Do Pass	✓	

BILL	AYE	NO

I authorize my vote to be matched with that of Rep. A. Regier
for any amendments proposed on this date.

Rep. _____

(Signature)

Date 7/31/21

Rep. Lenz



The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

AUTHORIZED COMMITTEE PROXY 67TH LEGISLATIVE SESSION

I request to be excused from the Judiciary Committee.

I desire to leave my proxy vote with Rep. Kathy Kelker.

PLEASE USE PEN

BILL	MOTION (Include AMENDMENT #)	AYE	NO
HB641	Do Pass	✓	
HB659	Do Pass	✓	
HB702	Do Pass		✓
HB703	Amend 703.1.1		✓
HB703	Do Pass		✓

BILL	MOTION (Include AMENDMENT #)	AYE	NO

I authorize my vote to be matched with that of Rep. Kathy Kelker
for any amendments proposed on this date.

Rep. [Signature] Hawk Donaven
(Signature) (Print Name) (Meeting Date)

Rep. Hawk



The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

AUTHORIZED COMMITTEE PROXY 67TH LEGISLATIVE SESSION

I request to be excused from the Judiciary Committee.

I desire to leave my proxy vote with Rep. Regier.

BILL	AYE	NO
HB 141 Do Pass	✓	
HB 145 Do Pass	✓	
HB 702 Do Pass	✓	
Amendment HB 702.1.1	✓	
HB 707 as amended Pass	✓	
HB 1495 Do Pass	✓	

BILL	AYE	NO

I authorize my vote to be matched with that of Rep. A. Regier
for any amendments proposed on this date.

Rep. [Signature]
(Signature)

Date 3/31/21

Rep. Skees



2021 Legislative Session

WITNESS STATEMENTS

**The following is an assortment of
documents that are witness
statements.**

**“A witness statement is a signed document
recording the evidence of a witness. A
definition “a written statement signed by a
person which contains the evidence which that
person would be allowed to give orally.”**

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 7:36 AM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 07:35

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Robert Williamson

Email: bbwmson@gmail.com

Phone: (406) 266-1446

City, State: Townsend, MT

Written Statement: Please vote Yes on HB 702 to prohibit the use of vaccination status or immunity passport... for anything! There is no real evidence that the "so-called" covid vaccines are even immediately effective. And we know nothing of the long term effects because none of the vaccines have been properly tested. Vaccine mania has been rushed to the population out of fear. Do not allow the fear mongering to continue through legislation.

Thank you. Please vote YES on HB 702

Files:

Testify via Zoom: No

Zoom Method: N/A

LEG Committee-House Judiciary testimony

**WITNESS
STATEMENT**

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 10:10 AM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 10:09

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Barbara Williamson

Email: bbwmsn@gmail.com

Phone: (701) 201-0456

City, State: Townsend, Montana

Written Statement: Dear Chairman and Members of the Committee:

I submit this written testimony as a Concerned Citizen.

I urge a "Do Pass" on HB 702. Please allow each Montana Citizen to make their own choice about vaccinations without having to worry about restrictions to their freedom and choices to travel, etc. Each person should be able to look at the benefits and side effects of each vaccine and decide whether or not it is in their best interest to be vaccinated.

Thank you for your time and consideration in this very important matter.

Barbara Williamson

Files:

Testify via Zoom: No

Zoom Method: N/A

WITNESS STATEMENT

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 10:13 AM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 10:13

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Rachael Neumann

Email: troutonsteroids@protonmail.com

Phone: (406) 260-2101

City, State: Kalispell, MT

Written Statement: Dear Committee Members:

Please vote YES on HB 702 and HB 703

1. No one should be forced to undergo a medical procedure in order to have access to employment, medical care, travel, commerce, or otherwise participating in society. This is medical coercion - period. Further, Federal U.S. Code 42 (2000a and 12101) prohibits discrimination or segregation based on disabilities (mental or physical), sex, race, color, religion, or national origin. These laws were established to protect a person's right to fully participate in all aspects of society without discrimination, and "all persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation." Those who have opted not to undergo a medical procedure should not be precluded from those protections.
2. In the case of the COVID vaccine (aka gene therapy), this is an experimental drug approved under emergency use. If this is required and people do not want this vaccination, this is a Nuremberg Code violation. The very first Code states: "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision."
3. Many people cannot or should not take a vaccine due to health status or a religious objection. However, there are those who have a philosophical objection or just a concern for the short or long-term side effects, or because of the ingredients in some vaccines (including human fetal cells, animal viruses, aluminum, mercury, etc.), among many other reasons.
4. It is no one else's business what your medical history is except your medical provider. Simply put, this is a HIPAA violation.
5. Immunity passports is trampling on Constitutional liberties in every possible way. Monitoring erodes privacy. How did we get to this point where we now need to show "papers" (or in this case, a QR code) to go about our daily lives? And when this pandemic ends, the passports will never go away. It starts out as "immunity passports," but then

moves to digital banking, social credit scores, tracking, etc. attached to these "passports." These nefarious things are already in the works, as there is a push by the Central Banking, the World Economic Forum, and multiple other entities pushing for a one world government.

Reference links:

<https://history.nih.gov/display/history/Nuremberg+Code>

<https://www.law.cornell.edu/uscode/text/42/12101>

<https://www.law.cornell.edu/uscode/text/42/2000a>

More educational links regarding vaccines: <https://thetruthaboutvaccines.com/>

<https://childrenshealthdefense.org/defender/>

Please SUPPORT HB 702 and HB 703.

Files:

Testify via Zoom: No

Zoom Method: N/A

WITNESS STATEMENT

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 1:47 PM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 13:46

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Cathy Carlson

Email: cycathy18@gmail.com

Phone: (206) 551-5797

City, State: East Helena, MT

Written Statement: Dear House Chair and Members of the House,

Thank you for hearing my testimony. I wish I could be there in person to testify.

This bill is extremely important that discrimination of any person does not occur (related any personal, physical, medical, ingredients used to make the vaccine and / or religious reasons) should an individual choose not to be vaccinated. Most people know their own body well as to what it needs and are considerate and cautious around others should they become ill, whether there is a vaccine or not for a virus. I want to keep my body as healthy as possible and I do that primarily through natural means

No one should be discriminated against and lose one's job or is unable to obtain resources because an employer/company requires a certain vaccine or immunity passport, especially such an experimental vaccine for COVID. Also, for traveling, I retired from the airlines, excited to keep using my flight benefits to visit family and friends freely, not tracked like a criminal.

This bill is very important to retain our right to freedom of choice and non-discrimination.

I urge you 100% to support this bill.

Sincerely,

Cathy Carlson

East Helena, MT 59635

Files:

Testify via Zoom: No

Zoom Method: N/A

WITNESS STATEMENT

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 3:58 PM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 15:57

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H)

Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Judy Crabtree Trenka

Email: judy@montana.net

Phone: (406) 245-7207

City, State: Billings, Mt

Written Statement: medical records fall within the zone of privacy protected by Article II, section 10, of the Montana Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

IT IS ILLEGAL FOR ANYONE TO KNOW MY MEDICAL HISTORY!

Files:

Testify via Zoom: No

Zoom Method: N/A

WITNESS STATEMENT

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 2:52 PM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 14:51
Attachments: mortalityratescompare.pdf; vaccinations risks.pdf

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Anna Shchemelinin

Email: anna@bridger3d.com

Phone: (406) 551-4405

City, State: Bozeman

Written Statement: Notes for a testimony via zoom:

Mandating immunization passports to entry public buildings and receive services and goods violates HIPAA, ADA, and Code of Medical Ethics: Privacy, confidentiality & medical records.

COVID-19 vaccine is experimental vaccine designed to reduce risks of infected individual to develop severe symptoms. Mandating COVID-19 violates the first rule of the Nuremberg Code: "The voluntary consent of the human subject is absolutely essential"

According to CDC data COVID-19 mortality rates for age groups below 80 years are lower than of influenza mortality rate during 2018-2019 flu season. There is no data indicating that the risks developing severe adverse reaction among young adults is lower than the risk of developing severe COVID-19 symptoms. The long-term effects of vaccinating young, healthy individuals against this virus are not known. The effect of a vaccine on a development of a unborn baby is not known.

Both Pfizer and Moderna report "Insufficient data to determine if asymptomatic infection or infection transmission is prevented".

Correlation between increased vaccinations and the rise in chronic and auto-immune disorders among children exists and documented.

<https://history.nih.gov/display/history/Nuremberg+Code>

<https://www.verywellhealth.com/patient-bill-of-rights-2317484>

<https://www.astho.org/COVID-19/Pfizer-Moderna-Vaccine-Comparison/>

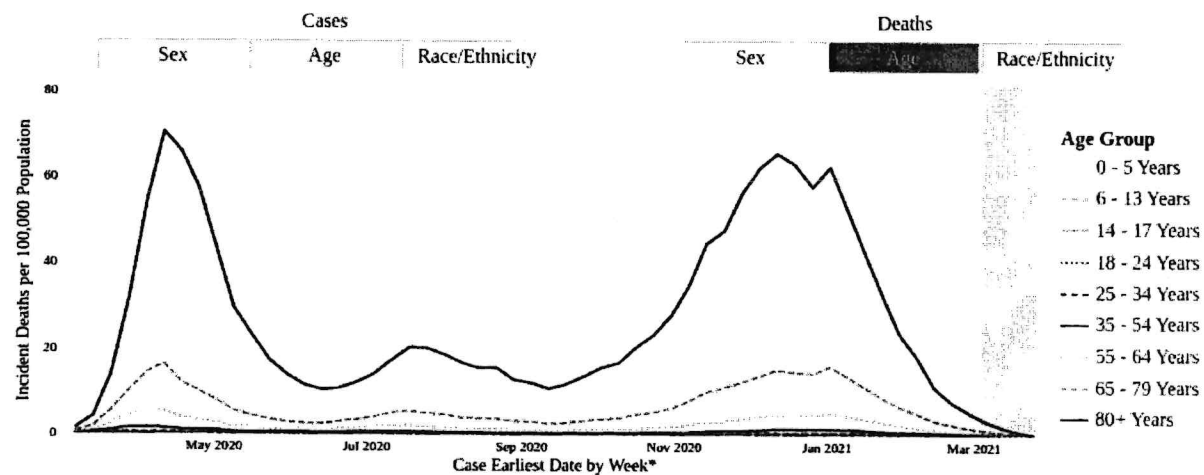
Files: mortalityratescompare.pdf vaccinations risks.pdf Testify via Zoom: Yes Zoom Method: Computer

WITNESS STATEMENT

COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex

COVID-19 Weekly Deaths per 100,000 Population by Age Group, United States

March 1, 2020 - March 25, 2021



Percentage of records reporting: Death - 61.00%, Age - 99.9...

US territories are included in case and death counts but not in population counts. Potential two-week delay in case reporting to CDC denoted by gray box.

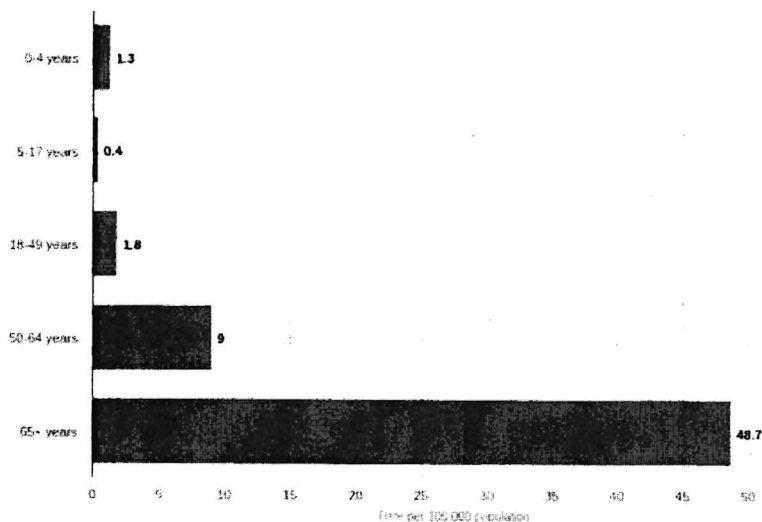
*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC.

Last Update: Mar 25, 2021

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS PowerToVisualize, Data, Analytics & Visualization Task Force and CDC/PRDEO Surveillance/Assessment Public Health

Health, Pharma & Medtech › State of Health

Influenza mortality rate during the 2018-2019 flu season in the United States, by age group*



DOWNLOAD



Source

→ Show sources information

→ Show publisher information

Release date

October 2020

Region

United States

Survey time period

2018-2019

Supplementary notes

* The CDC use a mathematical model to estimate the numbers of influenza illnesses, medical visits, hospitalizations and deaths to inform policy and communications related to influenza prevention and control. Current preliminary estimates for 2018-2019.

© Statista 2021

Show source

Additional information

<https://pubmed.ncbi.nlm.nih.gov/10714532/>

Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States

E L Hurwitz 1, H Morgenstern

Abstract

Background: Findings from animal and human studies confirm that diphtheria and tetanus toxoids and pertussis (DTP) and tetanus vaccinations induce allergic responses; associations between childhood vaccinations and subsequent allergies have been reported recently.

Objective: The association of DTP or tetanus vaccination with allergies and allergy-related respiratory symptoms among children and adolescents in the United States was assessed.

Methods: Data were used from the Third National Health and Nutrition Examination Survey on infants aged 2 months through adolescents aged 16 years. DTP or tetanus vaccination, lifetime allergy history, and allergy symptoms in the past 12 months were based on parental or guardian recall. Logistic regression modeling was performed to estimate the effects of DTP or tetanus vaccination on each allergy.

Results: The odds of having a history of asthma was twice as great among vaccinated subjects than among unvaccinated subjects (adjusted odds ratio, 2.00; 95% confidence interval, 0.59 to 6.74). The odds of having had any allergy-related respiratory symptom in the past 12 months was 63% greater among vaccinated subjects than unvaccinated subjects (adjusted odds ratio, 1.63; 95% confidence interval, 1.05 to 2.54). The associations between vaccination and subsequent allergies and symptoms were greatest among children aged 5 through 10 years.

Conclusions: *DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents.* Although it is unlikely that these results are entirely because of any sources of bias, the small number of unvaccinated subjects and the study design limit our ability to make firm causal inferences about the true magnitude of effect.

<https://pubmed.ncbi.nlm.nih.gov/22423139/>

Randomized Controlled Trial

. 2012 Jun;54(12):1778-83.

doi: 10.1093/cid/cis307. Epub 2012 Mar 15.

Increased risk of noninfluenza respiratory virus infections associated with receipt of inactivated influenza vaccine

Benjamin J Cowling ¹, Vicky J Fang, Hiroshi Nishiura, Kwok-Hung Chan, Sophia Ng, Dennis K M Ip, Susan S Chiu, Gabriel M Leung, J S Malik Peiris

Abstract

We randomized 115 children to trivalent inactivated influenza vaccine (TIV) or placebo. Over the following 9 months, TIV recipients had an increased risk of virologically-confirmed non-influenza infections (relative risk: 4.40; 95% confidence interval: 1.31-14.8). Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses.

Figures

<https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php>

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. children

Anthony R Mawson

Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA

Brian D Ray President, National Home Education Research Institute, PO Box 13939, Salem, OR 97309, USA

Azad R Bhuiyan Associate Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA

Binu Jacob Former graduate student, Department of Epidemiology and Biostatistics School of Public Health, Jackson State University, Jackson, MS 39213, USA

Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Studies have been recommended by the U.S. Institute of Medicine to address this question. This study aimed 1) to compare vaccinated and unvaccinated children on a broad range of health outcomes, and 2) to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, remained significant after adjustment for other measured factors. A cross-sectional study of mothers of children educated at home was carried out in collaboration with homeschool organizations in four U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old biological children with respect to pregnancy-related factors, birth history, vaccinations, physician-diagnosed illnesses, medications used, and health services. NDD, a derived diagnostic measure, was defined as having one or more of the following three closely-related diagnoses: a learning disability, Attention Deficient Hyperactivity Disorder, and Autism Spectrum Disorder. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated. ***The vaccinated were less likely than the unvaccinated to have been diagnosed with chickenpox and pertussis, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD.*** After adjustment, vaccination, male gender, and preterm birth remained significantly associated with NDD.

However, in a final adjusted model with interaction, ***vaccination but not preterm birth remained associated with NDD, while the interaction of preterm birth and vaccination was associated with a 6.6-fold increased odds of NDD (95% CI: 2.8, 15.5).*** In conclusion, vaccinated homeschool children were found to have a higher rate of allergies and NDD than unvaccinated homeschool children. While vaccination remained significantly associated with NDD after controlling for other factors, preterm birth coupled with vaccination was associated with an apparent synergistic increase in the odds of NDD. Further research involving larger, independent samples and stronger research designs is needed to verify and understand these unexpected findings in order to optimize the impact of vaccines on children's health.

Preterm birth, vaccination and neurodevelopmental disorders: a cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated children

Anthony R Mawson^{1*}, Azad Bhuiyan², Binu Jacob¹ and Brian D Ray¹
¹Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, 350 West Woodrow Wilson Avenue, Jackson, Mississippi 39213, USA
²Associate Professor, School of Public Health, Jackson State University, Jackson, MS 39213, USA
³Former graduate student, School of Public Health, Jackson State University, 350 West Woodrow Wilson Avenue, Jackson, Mississippi 39213, USA
⁴President, National Home Education Research (NHERI), P.O. Box 13939, Salem, OR 97309; USA

Abstract

From about 8% to 27% of extremely preterm infants develop symptoms of autism spectrum disorder, but the causes are not well understood. Preterm infants receive the same doses of the recommended vaccines and on the same schedule as term infants. The possible role of vaccination in neurodevelopmental disorders (NDD) among premature infants is unknown, in part because pre-licensure clinical trials of pediatric vaccines have excluded ex-preterm infants.

This paper explores the association between preterm birth, vaccination and NDD, based on a secondary analysis of data from an anonymous survey of mothers, comparing the birth history and health outcomes of vaccinated and unvaccinated homeschool children 6 to 12 years of age. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated, 7.5% had an NDD (defined as a learning disability, Attention Deficit Hyperactivity Disorder and/or Autism Spectrum Disorder), and 7.7% were born preterm.

No association was found between preterm birth and NDD in the absence of vaccination, but vaccination was significantly associated with NDD in children born at term (OR 2.7, 95% CI: 1.2, 6.0). However, vaccination coupled with preterm birth was associated with increasing odds of NDD, ranging from 5.4 (95% CI: 2.5, 11.9) compared to vaccinated but non-preterm children, to 14.5 (95% CI: 5.4, 38.7) compared to children who were neither preterm nor vaccinated.

The results of this pilot study suggest clues to the epidemiology and causation of NDD but question the safety of current vaccination practices for preterm infants. Further research is needed to validate and investigate these associations in order to optimize the impact of vaccines on children's health

A cross-sectional study of the relationship between reported human papillomavirus vaccine exposure and the incidence of reported asthma in the United States

David A Geier 1 2, Janet K Kern 1 2, Mark R Geier 1 2

Affiliations

Abstract

Objectives: Asthma is a chronic disorder that affects persons of all ages impacting the quality of their lives. This cross-sectional hypothesis-testing study evaluated the relationship between human papillomavirus vaccine and the risk of an incident asthma diagnosis in a defined temporal period post-vaccination.

Methods: The 2015-2016 National Health and Nutrition Examination Survey data were examined for a group of 60,934,237 weighted persons between 9 and 26 years old in Statistical Analysis Software.

Results: Reported incident asthma significantly clustered in the year of reported human papillomavirus vaccination. When the data were separated by gender, the effects observed remained significant for males but not females.

Conclusion: *The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases with an estimated direct excess lifetime cost of such persons being US\$42 billion.* However, it is unclear what part of the vaccine and/or vaccine medium may have increased an individual's susceptibility to an asthma episode, whether the asthma diagnosis represented one asthma episode or if it is chronic, and how much therapeutic support was needed (if any) and for how long, which would impact cost. Despite the negative findings in this study, routine vaccination is an important public health tool, and the results observed need to be viewed in this context.

<https://pubmed.ncbi.nlm.nih.gov/28917295/>

Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12

James G Donahue 1, Burney A Kieke 2, Jennifer P King 3, Frank DeStefano 4, Maria A Mascola 5, Stephanie A Irving 6, T Craig Cheetham 7, Jason M Glanz 8, Lisa A Jackson 9, Nicola P Klein 10, Allison L Naleway 11, Eric Weintraub 12, Edward A Belongia 13

Abstract

Introduction: Inactivated influenza vaccine is recommended in any stage of pregnancy, but evidence of safety in early pregnancy is limited, including for vaccines containing A/H1N1pdm2009 (pH1N1) antigen. We sought to determine if receipt of vaccine containing pH1N1 was associated with spontaneous abortion (SAB).

Methods: We conducted a case-control study over two influenza seasons (2010-11, 2011-12) in the Vaccine Safety Datalink. Cases had SAB and controls had live births or stillbirths and were matched on site, date of last menstrual period, and age. Of 919 potential cases identified using diagnosis codes, 485 were eligible and confirmed by medical record review. Exposure was defined as vaccination with inactivated influenza vaccine before the SAB date; the primary exposure window was the 1-28days before the SAB.

Results: The overall adjusted odds ratio (aOR) was 2.0 (95% CI, 1.1-3.6) for vaccine receipt in the 28-day exposure window; there was no association in other exposure windows. In season-specific analyses, the aOR in the 1-28days was 3.7 (95% CI 1.4-9.4) in 2010-11 and 1.4 (95% CI 0.6-3.3) in 2011-12. The association was modified by influenza vaccination in the prior season (post hoc analysis).

Among women who received pH1N1-containing vaccine in the previous influenza season, the aOR in the 1-28days was 7.7 (95% CI 2.2-27.3); the aOR was 1.3 (95% CI 0.7-2.7) among women not vaccinated in the previous season. This effect modification was observed in each season.

Conclusion: SAB was associated with influenza vaccination in the preceding 28days. The association was significant only among women vaccinated in the previous influenza season with pH1N1-containing vaccine. This study does not and cannot establish a causal relationship between repeated influenza vaccination and SAB, but further research is warranted.

Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?

G S Goldman 1

Abstract

The aim of this study was to compare the number of inactivated-influenza vaccine-related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) database during three consecutive flu seasons beginning 2008/2009 and assess the relative fetal death reports associated with the two-vaccine 2009/2010 season. The VAERS database was searched for reports of fetal demise following administration of the influenza vaccine/vaccines to pregnant women. Utilization of an independent surveillance survey and VAERS, two-source capture-recapture analysis estimated the reporting completeness in the 2009/2010 flu season. Capture-recapture demonstrated that the VAERS database captured about 13.2% of the total 1321 (95% confidence interval (CI): 815-2795) estimated reports, yielding an ascertainment-corrected rate of 590 fetal-loss reports per million pregnant women vaccinated (or 1 per 1695). The unadjusted fetal-loss report rates for the three consecutive influenza seasons beginning 2008/2009 were 6.8 (95% CI: 0.1-13.1), 77.8 (95% CI: 66.3-89.4), and 12.6 (95% CI: 7.2-18.0) cases per million pregnant women vaccinated, respectively. The observed reporting bias was too low to explain the magnitude increase in fetal-demise reporting rates in the VAERS database relative to the reported annual trends. ***Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season.***

<https://pubmed.ncbi.nlm.nih.gov/23486871/>

Increased childhood incidence of narcolepsy in western Sweden after H1N1 influenza vaccination

Attila Szakács ¹, Niklas Darin, Tove Hallböök

Abstract

Objectives: To assess the incidence of narcolepsy between January 2000 and December 2010 in children in western Sweden and its relationship to the Pandemrix vaccination, and to compare the clinical and laboratory features of these children.

Methods: The children were identified from all local and regional pediatric hospitals, child rehabilitation centers, outpatient pediatric clinics, and regional departments of neurophysiology. Data collection was performed with the aid of a standardized data collection form, from medical records and telephone interviews with patients and parents. The laboratory and investigational data were carefully scrutinized.

Results: We identified 37 children with narcolepsy. Nine of them had onset of symptoms before the H1N1 vaccination and 28 had onset of symptoms in relationship to the vaccination. The median age at onset was 10 years. All patients in the postvaccination group were positive for human leukocyte antigen (HLA)-DQB1*0602. Nineteen patients in the postvaccination group, compared with one in the prevaccination group, had a clinical onset that could be dated within 12 weeks.

Conclusion: Pandemrix vaccination is a precipitating factor for narcolepsy, especially in combination with HLA-DQB1*0602. *The incidence of narcolepsy was 25 times higher after the vaccination compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen.*

Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?

Neil Z Miller, Gary S Goldman

First Published May 4, 2011 Review Article [Find in PubMed](#)

<https://doi.org/10.1177/0960327111407644>

Abstract

The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. ***Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$).*** Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

Assessment of temporally-related acute respiratory illness following influenza vaccination

Sharon Rikin ¹, Haomiao Jia ², Celibell Y Vargas ³, Yaritza Castellanos de Belliard ³, Carrie Reed ⁴, Philip LaRussa ³, Elaine L Larson ², Lisa Saiman ⁵, Melissa S Stockwell ⁶

Affiliations

Abstract

Background: A barrier to influenza vaccination is the misperception that the inactivated vaccine can cause influenza. Previous studies have investigated the risk of acute respiratory illness (ARI) after influenza vaccination with conflicting results. We assessed whether there is an increased rate of laboratory-confirmed ARI in post-influenza vaccination periods.

Methods: We conducted a cohort sub-analysis of children and adults in the MoSAIC community surveillance study from 2013 to 2016. Influenza vaccination was confirmed through city or hospital registries. Cases of ARI were ascertained by twice-weekly text messages to household to identify members with ARI symptoms. Nasal swabs were obtained from ill participants and analyzed for respiratory pathogens using multiplex PCR. The primary outcome measure was the hazard ratio of laboratory-confirmed ARI in individuals post-vaccination compared to other time periods during three influenza seasons.

Results: Of the 999 participants, 68.8% were children, 30.2% were adults. Each study season, approximately half received influenza vaccine and one third experienced ≥ 1 ARI. The hazard of influenza in individuals during the 14-day post-vaccination period was similar to unvaccinated individuals during the same period (HR 0.96, 95% CI [0.60, 1.52]). The hazard of non-influenza respiratory pathogens was higher during the same period (HR 1.65, 95% CI [1.14, 2.38]); when stratified by age the hazard remained higher for children (HR 1.71, 95% CI [1.16, 2.53]) but not for adults (HR 0.88, 95% CI [0.21, 3.69]).

Conclusion: *Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period.* Potential mechanisms for this association warrant further investigation. Future research could investigate whether medical decision-making surrounding influenza vaccination may be improved by acknowledging patient experiences, counseling regarding different types of ARI, and correcting the misperception that all ARI occurring after vaccination are caused by influenza.

Inflammation-related effects of adjuvant influenza A vaccination on platelet activation and cardiac autonomic function

Gaetano A Lanza ¹, Lucy Barone, Giancarla Scalone, Dario Pitocco, Gregory A Sgueglia, Roberto Mollo, Roberto Nerla, Francesco Zaccardi, Giovanni Ghirlanda, Filippo Crea

Abstract

Background: Inflammation, platelet reactivity and cardiac autonomic dysfunction increase the risk of cardiovascular events, but the relationships between these prognostic markers are poorly defined. In this study, we investigated the effect of an inflammatory stimulus (influenza A vaccine) on platelet activation and cardiac autonomic function.

Methods: We measured serum C-reactive protein (CRP) and interleukin-6 levels, monocyte-platelet aggregates (MPAs) and monocyte/platelet receptor expression before and after adjuvant influenza A vaccination in 28 patients with type II diabetes (mean age 62.1 ± 8 years, 18 men). Twenty-four-hour Holter electrocardiogram was recorded 24 h before and after vaccination; heart rate variability (HRV) was assessed as a measure of cardiac autonomic function.

Results: Inflammatory cytokines, MPA formation and monocyte/platelet receptor expression increased after vaccination. CRP was 2.6 ± 2.8 and 7.1 ± 5.7 mg L⁻¹ 48 h before and after vaccination, respectively ($P < 0.0001$). HRV parameters decreased after vaccination compared to baseline, with very low-frequency amplitude showing the most significant change (34.6 ± 11.8 and 31.0 ± 10.2 ms 48 h before and after vaccination, respectively; $P = 0.002$). A significant correlation was found between percentage changes in CRP levels and in most HRV variables, with the most significant correlations between changes in CRP levels and changes in standard deviation of all normal RR intervals ($r = 0.43$; $P = 0.02$).

Conclusions: *Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance.* Significant correlations were found between CRP levels and HRV parameters, suggesting a pathophysiological link between inflammation and cardiac autonomic regulation. *The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events.*

ATS 2009: Flu Vaccination May Triple Risk for Flu-Related Hospitalization in Children With Asthma

Kristina Rebelo May 25, 2009

May 25, 2009 (San Diego, California) — Trivalent inactivated flu vaccine (TIV) was not an effective protection against hospitalization in pediatric populations, particularly in children with asthma; in fact, there ***was a 3-fold increased risk for hospitalization in asthmatic children who received the TIV***, according to a study released here at ATS 2009: the American Thoracic Society International Conference. However, experts agree that this is not a reason to stop vaccinating children with asthma, because the vaccine is still helpful in making protective antibodies.

"The flu shot is a killed vaccine. Inherently, it's a safe vaccine so we tend to give it to everyone, but we don't think about how effective it is — especially in asthmatic children," lead investigator Avni Joshi, MD, fellow, instructor in pediatric medicine, and fellow-in-training in allergy and infectious diseases, Division of Allergic Diseases, Mayo Clinic, Rochester, Minnesota, told *Medscape Pulmonary Medicine* in an interview after her presentation. ***"Just because a flu shot has proved to be very safe for kids, especially those with asthma, [doesn't mean we] know how effective it is in preventing hospitalizations in cases of influenza in all children, particularly those with asthma."***

Currently, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the American Academy of Pediatrics recommend annual influenza vaccination for all children 6 months to 18 years. The National Asthma Education and Prevention Program (third revision) also recommends annual flu vaccination of asthmatic children older than 6 months.

This was a cohort study that evaluated the efficacy of TIV in all pediatric patients 6 months to 18 years with laboratory-confirmed influenza (263 children) who were seen at the Mayo Clinic during flu seasons from 1999 to 2006. TIV has unknown effects on patients with asthma.

Dr. Joshi and colleagues determined which subjects had received the flu vaccine and which subjects had not. They then looked at asthma status, and determined which subjects required hospitalization and which did not. The record for each subject in which flu vaccination status was noted before illness and hospitalization was reviewed.

The study found an overall trend toward higher rates of hospitalization in subjects who received TIV than in those who did not (odds ratio [OR], 2.97; 95% confidence interval [CI], 1.3 - 6.7). They used the Cochran-Mantel-Haenszel test for asthma-status stratification, and documented a significant association between hospitalization in the asthmatic subjects and TIV ($P = .006$). The severity of asthma did not determine the risk for hospitalization or length of hospital stay. There was also no

association between emergency-department visits and having received TIV. In looking at access to medical care, no association between hospitalizations and healthcare insurance plans was found (OR, 0.3; $P = .13$).

Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders

Brian S Hooker 1, Neil Z Miller 2

Abstract

Objective: The aim of this study was to compare the health of vaccinated versus unvaccinated pediatric populations.

Methods: Using data from three medical practices in the United States with children born between November 2005 and June 2015, vaccinated children were compared to unvaccinated children during the first year of life for later incidence of developmental delays, asthma, ear infections and gastrointestinal disorders. All diagnoses utilized International Classification of Diseases-9 and International Classification of Diseases-10 codes through medical chart review. Subjects were a minimum of 3 years of age, stratified based on medical practice, year of birth and gender and compared using a logistic regression model.

Results: *Vaccination before 1 year of age was associated with increased odds of developmental delays (OR = 2.18, 95% CI 1.47-3.24), asthma (OR = 4.49, 95% CI 2.04-9.88) and ear infections (OR = 2.13, 95% CI 1.63-2.78).* In a quartile analysis, subjects were grouped by number of vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more vaccine doses were received) for all four health conditions considered, as compared to Quartile 1. In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24 months of age (ORs = 1.95, 2.18, 2.92 and 3.51, respectively). Slightly higher ORs were also observed for all four health conditions when time permitted for a diagnosis was extended from ≥ 3 years of age to ≥ 5 years of age.

Conclusion: In this study, which only allowed for the calculation of unadjusted observational associations, *higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections.* Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination.

Vaccination and Risk for Developing Inflammatory Bowel Disease: A Meta-Analysis of Case-Control and Cohort Studies

Guillaume Pineton de Chambrun * [†]Luc Dauchet Corinne Gower-Rousseau * ^{‡§}Antoine Cortot * ^{‡§}Jean-Frédéric Colombel [#]Laurent Peyrin-Biroulet [§] *

Background & Aims

Environmental factors may play a key role in the pathogenesis of inflammatory bowel disease (IBD). Whether vaccination is associated causally with IBD is controversial. We performed a meta-analysis of case-control and cohort studies on the association between vaccination and the risk for IBD.

Methods

Studies and abstracts investigating the relationship between vaccination and subsequent risk for developing IBD were reviewed. Childhood or adult immunizations with any vaccine type, at any dose, and with any vaccine schedule were used as inclusion criteria.

Results

Eleven studies were included in the systematic review and meta-analysis: 8 case-control studies and 3 cohort studies. Studied vaccines were bacille Calmette-Guérin, vaccines against diphtheria, tetanus, smallpox, poliomyelitis, pertussis, H1N1, measles, rubella, mumps, and the combined measles, mumps, and rubella vaccine. Only a few details about vaccine type or route of administration were found in studies. Overall, there was no association between childhood immunization and risk for developing IBD: bacille Calmette-Guérin, relative risk (RR) of 1.04 (95% confidence interval [CI], 0.78–1.38), diphtheria, RR of 1.24 (95% CI, 0.80–1.94), tetanus, RR of 1.27 (95% CI, 0.77–2.08), smallpox, RR of 1.08 (95% CI, 0.70–1.67), poliomyelitis, RR of 1.79 (95% CI, 0.88–3.66), an measles containing vaccines, RR of 1.33 (95% CI, 0.31–5.80) in cohort studies, and RR of 0.85 (95% CI, 0.60–1.20) in case-control studies. ***Subgroup analysis for Crohn's disease (CD) and ulcerative colitis (UC) found an association between the poliomyelitis vaccine and risk for developing CD (RR, 2.28; 95% CI, 1.12–4.63) or UC (RR, 3.48; 95% CI, 1.2–9.71).*** The RR of developing IBD after H1N1 vaccination was 1.13 (95% CI, 0.97–1.32).

Conclusions

Results of this meta-analysis show no evidence supporting an association between childhood immunization or H1N1 vaccination in adults and risk of developing IBD. The association between the

poliomyelitis vaccine and the risk for CD or UC should be analyzed with caution because of study heterogeneity.

Montana Chapter

WITNESS STATEMENT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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March 29, 2021

**Montana Chapter
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Dear Justice Committee:

The Montana Chapter of the American Academy of Pediatrics (MTAAP), representing 130+ Montana pediatricians and pediatric subspecialists, asks you to oppose HB 702.

The language of this bill is incredibly broad, and as written, it appears on our review to allow children to go to school and childcare without vaccination.

Vaccinations have saved millions of lives. They are an essential public health measure for limiting the spread of preventable illnesses across populations. They provide direct protection against infectious diseases to the vaccinated individual and indirect protection via "community" or "herd" immunity to anyone who is unable to receive a vaccination, for instance if a child is too young or if there is a specific medical condition prohibiting vaccination for an individual. Exemptions currently exist in Montana for people with medical conditions that would contraindicate vaccination, and also for religious reasons. Weakening our laws around vaccination would likely put us below the threshold for community immunity for many childhood diseases.

There are compelling reasons why certain high-risk congregate settings, and in certain situations or outbreaks, might require safety measures to keep disease from spreading. In hospitals, employees who claim exemptions to the flu vaccine, for example, are required to wear a mask while working. This is necessary to mitigate spread in such a high-risk setting, and keep patients safe. This bill would make that illegal.

Please vote no on this incredibly broad bill. This would greatly impact the current status quo in Montana, and make us considerably less safe from communicable diseases. Please see additional information from a recent research summary on the impact of state policy on vaccine preventable disease risk.

Thank you,

Dr. John Cole,
President

Dr. Lauren Wilson,
Vice President

The Impact of State Vaccine Policies on Vaccine Preventable Disease Risk

Research Summary

1. All states require vaccines for school attendance.

- Vaccine requirements for day care, K-12 and college attendance help protect children, adolescents, and young adults from infectious diseases.
- All states allow exemptions from school vaccine mandates for medical reasons. Some also allow exemptions due to religious beliefs, personal beliefs, or other non-medical reasons.¹
- The ease by which a parent can get a non-medical exemption varies across states. For example, in some states only a parent's signature is required on an exemption form; in other states, parents must receive counseling from a medical provider or participate in a vaccine educational program if they are seeking a non-medical exemption for their child.²

2. States with lenient vaccine requirements have higher rates of vaccine-preventable diseases.

- As compared with states that make it harder to get a non-medical exemption, states with easier processes for getting non-medical exemptions have: (1) higher use of such exemptions, (2) lower vaccination rates, and (3) higher rates of vaccine preventable diseases^{1,3,4}, including:

Measles

- Measles is a highly contagious infectious disease. Up to 90% of people who are not immune will catch measles from an infected person. Measles virus can live in airspace for up to 2 hours after an infected person leaves a room. Infected children can have severe complications, including pneumonia, encephalitis (swelling of the brain) and death.⁵
- Because measles is so contagious, consistently high vaccine coverage is needed to prevent outbreaks in communities. Modeling studies have shown that a 5% decrease in measles vaccine coverage will lead to a 3-fold increase in measles incidence in the U.S.⁶, and states with lenient non-medical exemptions policies are 190% times more likely to have measles outbreaks compared with states with stricter policies.⁷
- Using data from U.S. measles cases from 1985-1992, researchers found that children with non-medical exemptions were 35 times more likely to acquire measles than vaccinated children.⁸

Pertussis

- Pertussis, also known as whooping cough, is a highly contagious bacterial disease that leads to uncontrollable, violent coughing that makes it difficult to breathe. Pertussis is especially dangerous to young children, and can lead to hospitalization and death.⁹
- Non-medical exemptions are associated with higher community transmission of pertussis:
 - In a study examining cases of pertussis in Colorado from 1987-1998, researchers found that schools with pertussis outbreaks had a higher percentage of children with vaccine exemptions (mean: 4.3% of students) as compared with schools that did not experience outbreaks (mean: 1.5%, p=.001).¹⁰

- In an analysis of 1991-2004 data on state-level exemption rates, researchers found that states where it was easier to get a non-medical exemption, including allowing personal belief exemptions, had 53% higher pertussis incidence rates as compared with states where non-medical exemptions were harder to obtain.³

3. When vaccine-preventable disease outbreaks occur, taxpayers may foot the bill.

- Along with costs for medical care incurred by affected individuals, managing vaccine preventable disease outbreaks involves substantial state and local public health resources.
 - A 2018-2019 outbreak of measles occurred among 649 people in New York, most of whom were unvaccinated children. Controlling this outbreak involved the efforts of 500+ public health staff members and cost over \$8 million in public health agency funds.^{11,12}

References:

1. Bednarczyk RA, King AR, Lahijani A, Omer SB. Current landscape of nonmedical vaccination exemptions in the United States: impact of policy changes. *Expert Review of Vaccines*. 2019;18(2):175-190.
2. National Council of State Legislatures. States with Religious and Philosophical Exemptions from School Immunization Requirements. 2020; <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>.
3. Omer SB, Pan WK, Halsey NA, et al. Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence. *JAMA*. 2006;296(14):1757-1763.
4. Wang E, Clymer J, Davis-Hayes C, Buttenheim A. Nonmedical exemptions from school immunization requirements: a systematic review. *American Journal of Public Health*. 2014;104(11):e62-e84.
5. Centers of Disease Control and Prevention. Measles (Rubeola). <https://www.cdc.gov/measles/>.
6. Lo NC, Hotez PJ. Public health and economic consequences of vaccine hesitancy for measles in the United States. *JAMA Pediatrics*. 2017;171(9):887-892.
7. Whittington MD, Kempe A, Dempsey A, Herlihy R, Campbell JD. Impact of nonmedical vaccine exemption policies on the health and economic burden of measles. *Academic Pediatrics*. 2017;17(5):571-576.
8. Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles. *JAMA*. 1999;282(1):47-53.
9. Centers for Disease and Control Prevention. Pertussis (Whooping Cough). <https://www.cdc.gov/pertussis/index.html>.
10. Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, Hoffman RE. Individual and community risks of measles and pertussis associated with personal exemptions to immunization. *JAMA*. 2000;284(24):3145-3150.
11. Zucker JR, Rosen JB, Iwamoto M, et al. Consequences of undervaccination—measles outbreak, New York City, 2018–2019. *New England Journal of Medicine*. 2020;382(11):1009-1017.
12. Gershon AA, Edwards K, Orenstein W, Schaffner W. Freedom, Measles, and Freedom from Measles. *The New England Journal of Medicine*. 2020;382(11):983-985.

This document was prepared by Sophia Newcomer, PhD, MPH, assistant professor of epidemiology at the University of Montana School of Public Health & Community Health Sciences. Dr. Newcomer's research focuses on vaccine safety, uptake, and policy. Dr. Newcomer developed this document for informational purposes as a private citizen with expert credentials. In providing the information in this document, Dr. Newcomer is not speaking or writing on behalf of the University of Montana or the Montana University System.

RE: Letter of Opposition for HB 702 "An Act Prohibiting Discrimination on the Basis of Vaccine Status."

Dear House Judiciary Committee,

I am a retired pediatrician who had the privilege to practice in Billings for 36 years. I urge you to vote no on HB 702.

This bill would allow children to go to school unvaccinated.

Vaccines have saved millions of lives. As we are seeing with the Covid vaccination a large number of people need to be vaccinated to prevent the spread of disease. Measles requires that 90-95% of children need to be vaccinated to prevent the spread of disease. By allowing children to come to school unvaccinated we will see the reemergence of serious infections.

I practiced in Billings before Hemophilus Influenza and Pneumococcal vaccines were available. We would treat at least one child a month with meningitis caused by these bacteria. Meningitis is an infection around the brain. It can lead to death or serious brain damage. We had whooping cough outbreaks in teenagers before the whooping cough vaccine was added to tetanus vaccine that is given to twelve-year-olds. These outbreaks caused some infants who were too young to be vaccinated to develop whooping cough. I saw several infants die. We are not talking about obscure diseases but diseases that will surely reemerge if children are allowed to not be vaccinated.

This bill also prohibits an employer to refuse employment to an unvaccinated person. The local vet in our town has an immune disease. Under this bill she could possibly have to employ an individual who would be harmful to her health despite owning her own business.

There are two exemptions to childhood vaccinations-medical and religious. For the school year 2019-2020 that lead to 4.5% of kindergarteners having exemptions. We cannot increase the number of children without vaccinations. For the health of Montana's children please vote no on HB 702

Thank you for your time

Respectfully,

Marian Kummer MD

Past President of the Montana Chapter of the American Academy of Pediatrics,

LEG Committee-House Judiciary testimony

From: leg-noreply@mt.gov
Sent: Tuesday, March 30, 2021 11:54 AM
To: LEG Applications Email Backup; LEG Committee-House Judiciary testimony
Subject: Public Comment for Bill HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary Successfully Submitted on 03-30-21 11:54

Details:

Bill: HB-702: Prohibit discrimination based on vaccine status or possessing immunity passport 2021-03-31 08:00 AM - (H) Judiciary

Position: Opponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Cora Neumann

Email: cora@coraneumann.com

Phone: (406) 210-7969

City, State: Bozeman, MT

Written Statement: HB 702 has the potential to have a devastating and disproportionate impact on Montana and especially our rural and Native communities. Infectious and communicable diseases have historically disproportionately impacted Native communities and continue to do so. Dangerous diseases like measles, mumps, rubella, whooping cough are made even more dangerous when living in rural or remote areas far from a hospital. 1 in 5 unvaccinated people in the U.S. who get measles are hospitalized. 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children.

To prevent the spread of vaccine preventable illnesses like Measles, Montana law currently prohibits children from attending any Montana school or child care facility if they don't meet immunization requirements. HB 702 has potential to undo this requirement, which could lead to disease outbreaks.

HB 702 Section 1. States: "It is an unlawful discriminatory practice for:

(a) a person or a government entity to refuse, withhold from, or deny to a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport;"

HB 702 would make it an unlawful discriminatory practice for current systems in use to ensure the safety of the school population and greater community. Montana law currently requires immunization information be recorded on the STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION form for persons to attend Montana schools, preschools and child care facilities. Montana has an immunization information system called imMTrax containing immunization records for participating consenting Montanans so that health professionals can make appropriate immunization decisions and ensure patients are immunized on time. Both of these would risk becoming unlawful under HB 702

Perhaps the most troubling way that HB 702 threatens to undo decades of successful immunization work and the health of our state is

"NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [section 1]."

This codification instruction to add to Title 49 Part 2 would codify "immunization status" to the list of the classes protected from discrimination in all the subsections of Part 2. This would be a reckless change to the Human Rights act.

The impact of this change could have devastating broad public health repercussions and put native communities at disproportionate risk.

Files:

Testify via Zoom: Yes

Zoom Method: Computer



WITNESS STATEMENT

Missoula City-County Health Department

301 West Alder Street | Missoula MT 59802-4123

www.missoulacounty.us/HealthDept

Phone | 406.258.4770

Fax | 406.258.4857

The Missoula City-County Health Department writes in opposition to HB 702 and we appreciate the opportunity to provide testimony. We urge you to vote 'no' on this bill for the following reasons:

- **This bill puts community members at risk.** Members of the public must come to health facilities for essential and sometimes life-saving needs. They and their families should not have to risk exposure to a preventable disease when seeking healthcare.
- **As a government entity that is required to respond to public health needs, we must always ensure sufficient staffing.** Requiring certain vaccines for employees is a step we can take to avoid vaccine-preventable disease among staff, making us better prepared to serve our community.
- **This bill exposes employers to increased risk and liability, removing a safe, inexpensive, and effective means of protecting their staff and clients.** By requiring immunizations, employers can plan ahead for risks their employees may encounter, ensuring their safety and avoiding hefty medical bills later. The cost of pre-exposure vaccines can be significantly lower than the cost to treat vaccine-preventable diseases.
- **This bill would lead to additional costs incurred during disease outbreaks.** During a disease outbreak, such as measles, any unvaccinated employee will be sent home for the duration of the outbreak for their own protection as well as the protection of the public.
 - Unvaccinated employees being sent home will decrease productivity and increase burden on their coworkers, who may have to work extra shifts.
 - People who become ill may need to be hospitalized, which adds a huge cost-burden to the individual and community.
 - A public health agency investigation of a single measles case can cost anywhere between \$6000 - \$181,000.

March 30, 2021

WITNESS STATEMENT



March 30, 2021

The Honorable Barry Usher, Chair
House Judiciary Committee
Capitol Station
Helena, MT 59620

Dear Representative Usher:

The Biotechnology Innovation Organization (BIO) and the Montana BioScience Alliance have taken an **oppose** position on **HB 702**, which would prohibit a governmental entity from denying access to a good or service based on an individual's vaccination status or whether an individual has an immunity passport, and prohibit an employer from conditioning employment or condition of employment based on an individual's vaccination status or whether an individual has an immunity passport.

Immunizations are a triumph of public health. Over the past century, high childhood immunization rates have led to millions of lives saved, cases of disease averted, and costs to the health care system saved. US federal Food and Drug Administration (FDA) approval and Centers for Disease Control and Prevention (CDC) recommendations for use of vaccines represent the gold standard globally; BIO therefore supports the use of vaccines according to FDA's and CDC's guidelines.

The COVID-19 pandemic has shown us the devastating effects of an infectious disease unchecked by a vaccine. Biopharmaceutical companies have worked tirelessly over the past year to find a vaccine to provide the longed-for end to this pandemic, the full opening of the economy, and a return to everyday activities. While questions from the public about the safety, efficacy, and speed of the COVID-19 vaccine are legitimate and should be addressed, policies that sow doubt in people's minds merely serve as an undue barrier to the end of the pandemic.

BIO and MT Bio are concerned that HB 702 would have much broader application than COVID "immunity passports," and would have numerous unintended consequences. For example, this bill would arguably ban all existing school immunization requirements and prohibit a hospital from requiring employees with direct patient contact from either receiving an annual flu vaccine or wearing a mask during flu season. Policies such as these have been enacted to protect the most vulnerable among us from deadly infectious disease. We fear that HB 702 would harm the public health and safety by interfering with evidence-based policies.

The state legislature should focus on policies that reflect the best scientific evidence to facilitate access to vaccines for those that want to be vaccinated rather than policies that discourage it, especially in the middle of a pandemic. Alternative vaccine policies may include:

- Educational communications or campaigns about the importance of vaccination, including remaining up-to-date on routine immunizations during the pandemic;
- Increasing funding for public health and the immunization infrastructure;

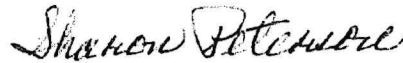
- Lowering Medicaid cost-sharing for vaccines, as Medicaid-enrolled and uninsured adults are the only population that has any cost-sharing requirements for vaccines;
- Improving the state immunization information system (IIS) to ensure interoperability and the ability of all immunizer to report into the system; and
- Expanding scope of practice for different provider types to ensure adults can get vaccines in their communities at their convenience.

BIO and MT Bio welcome the opportunity to discuss strategies for facilitating vaccinations. Please do not hesitate to reach out if we can be a resource.

Sincerely,



Brian Warren
Director, State Government Affairs
Biotechnology Innovation Organization



Sharon Peterson
Executive Director
Montana BioScience Alliance

cc: Members, House Judiciary Committee

BIO is the world's largest trade association representing biotechnology companies, academic institutions, state biotechnology centers, and related organizations across the United States and in more than 30 other nations. Our members include vaccine developers and manufacturers who have worked closely with the public health community to support policies that help ensure access to innovation and life-saving vaccines for all individuals. The Montana BioScience Alliance is an affiliate of BIO representing bioscience companies in Montana.

MONTANA House of Representatives
Visitors Register
HOUSE JUDICIARY COMMITTEE

Wednesday, March 31, 2021

HB 702 - Prohibit discrimination based on vaccine status or possessing immunity passport

Sponsor: Rep. Jennifer Carlson (R)

PLEASE PRINT

Name	Representing	Support	Oppose	Info
Darin Gault	Self	X		
Kelly Klostermeyer	Self	X		
Heather O'Hara	MT Hospital Assoc.		✓	
Bill Warden	mt BIO		✓	
Carolyn Truscott	Self	X		
Jessie Luther	MPAA		X	
Heather Richards	Self	X		
Jessica Kirkendall	Self	X		
Matt Furlong	Montana Child Protection Alliance	X		
Heaton Smith	WNU		X	
Erin McGowan	AMPLHO		X	
Marie Wysocki	Self	✓		
Nanette Gilbertson	MT Advocates for Children		✓	
Jeff Laszloffy	MT Family Fed	X		
Stacy Anderson	MPCA		X	
Sean Slanger	MT Business Association		X	
Cindy Hoy		X		
Dennison Rivera	LPC Young Republicans	X		
Don Branson	MT Police Assn		X	

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

House Judiciary Zoom Testimony 03.31.2021

Bill	Name	Location	Email	Position	Affiliation
HB-659	Proponents				
HB-659	Laurie Little Dog	Bozeman, Montana	laurielittledog@gmail.com	Proponent	MT Coalition Against Domestic & Sexual Violence
HB-659	Kelsen Young	Helena, Montana	kyoung@mcadsv.com	Proponent	
HB-665	Proponent				
HB-665	Laurie Little Dog	Bozeman, Montana	laurielittledog@gmail.com	Proponent	
HB-685	Proponent				
HB-685	Denise Johnson	Billings, Montana	denisejohnson1961@gmail.com	Proponent	MT Child Protection Alliance
HB-685	Opponent				
HB-685	Judge Greg Todd	Billings, Montana	gtodd@mt.gov	Opponent	MT Judges Association
HB-702	Proponents				
HB-702	Lacey Berg	Miles City, Montana	laceywhitney@gmail.com	Proponent	Coalition for Safety and Justice
HB-702	Anna Shchemelinin	Bozeman, Montana	anna@bridger3d.com	Proponent	
HB-702	Steve Cape	Billings, Montana	mtc4sj@outlook.com	Proponent	
HB-702	Denise Johnson	Billings, Montana	denisejohnson1961@gmail.com	Proponent	
HB-702	Opponents				
HB-702	Cora Neumann	Bozeman, Montana	cora@coraneumann.com	Opponent	MT Chapter of the Amer. Academy of Pediatrics
HB-702	Kylee Bodley	Billings, Montana	kbodleymtaap@gmail.com	Opponent	
HB-702	Lauren Wilson	Missoula, Montana	wilson.lauren@gmail.com	Opponent	
HB-702	Dr. Marian Kummer	Gallatin Gateway, Montana	mekummer@gmail.com	Opponent	
HB-703	Proponents				
HB-703	Lacey Berg	Miles City, Montana	laceywhitney@gmail.com	Proponent	Coalition for Safety and Justice
HB-703	Steve Cape	Billings, Montana	mtc4sj@outlook.com	Proponent	
HB-703	Denise Johnson	Billings, Montana	denisejohnson1961@gmail.com	Proponent	
HB-703	Courtney Laabs	Whitefish, Montana	courtlaabs@gmail.com	Proponent	
HB-703	Jonathan Martin	Great Falls, Montana	montanamartins@yahoo.com	Proponent	
HB-703	Opponents				
HB-703	Kylee Bodley	Billings, Montana	kbodleymtaap@gmail.com	Opponent	MT Chapter of the Amer. Academy of Pediatrics
HB-703	Lauren Wilson	Missoula, Montana	wilson.lauren@gmail.com	Opponent	



HOUSE STANDING COMMITTEE REPORT

March 31, 2021

Page 1 of 1

Mr. Speaker:

We, your committee on **Judiciary** recommend that **House Bill 702** (first reading copy -- white) do pass.

Signed: _____

Representative Barry Usher, Chair

- END -

Committee Vote:

Yes 12, No 7

Fiscal Note Required ☐

HB0702001SC.hlc

3.31.21
TR 2:08pm
(R)

1 HOUSE BILL NO. 702

2 INTRODUCED BY J. CARLSON, D. SKEES, J. READ, D. LENZ, W. GALT, S. BERGLEE, J. HINKLE, M.
3 NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D.
4 BARTEL, C. KNUDSEN, B. USHER, J. PATELIS, S. VINTON, M. HOPKINS, F. FLEMING, J. FULLER, R.
5 KNUDSEN, J. KASSMIER, T. MOORE, B. LER, B. PHALEN, F. NAVE, L. BREWSTER, B. MITCHELL, A.
6 REGIER, S. KERNS, S. GALLOWAY, S. GIST, E. HILL, J. SCHILLINGER, K. SEEKINS-CROWE, M.
7 STROMSWOLD, J. GILLETTE, C. HINKLE, M. BINKLEY, R. MARSHALL

8
9 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION BASED ON A PERSON'S
10 VACCINATION STATUS OR POSSESSION OF AN IMMUNITY PASSPORT; PROVIDING AN
11 APPROPRIATION; AND PROVIDING EFFECTIVE DATES."

12
13 WHEREAS, as stated in section 50-16-502, MCA, the Legislature finds that "health care information is
14 personal and sensitive information that if improperly used or released may do significant harm to a patient's
15 interests in privacy and health care or other interests"; and

16 WHEREAS, the Montana Supreme Court in State v. Nelson, 283 Mont. 231, 941 P.2d 441 (1997),
17 concluded that "medical records fall within the zone of privacy protected by Article II, section 10, of the Montana
18 Constitution" and "are quintessentially private and deserve the utmost constitutional protection".

19
20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

21
22 **NEW SECTION. Section 1. Discrimination based on vaccination status or possession of**
23 **immunity passport prohibited -- definitions.** (1) It is an unlawful discriminatory practice for:

24 (a) a person or a ~~government~~ GOVERNMENTAL entity to refuse, withhold from, or deny to a person any
25 local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care
26 access, or employment opportunities based on the person's vaccination status or whether the person has an
27 immunity passport;

28 (b) an employer to refuse employment to a person, to bar a person from employment, or to

1 discriminate against a person in compensation or in a term, condition, or privilege of employment based on the
2 person's vaccination status or whether the person has an immunity passport; or

3 (c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate
4 against a person based on the person's vaccination status or whether the person has an immunity passport.

5 (2) A ~~government~~ PERSON, A GOVERNMENTAL entity, or an employer ~~does not unlawfully discriminate in~~
6 ~~violation of this section if any vaccination policy set forth by the government~~ MAY REQUIRE A VACCINE AS LONG AS
7 THE PERSON, GOVERNMENTAL entity, or ~~the employer includes exemptions~~ ALLOWS AN EXEMPTION for a person to
8 decline to be vaccinated based on medical or religious grounds.

9 (3) As used in this section, the following definitions apply:

10 (a) "Immunity passport" means a document, digital record, or software application indicating that a
11 person is immune to a disease, either through vaccination or infection and recovery.

12 (b) "Vaccination status" means an indication of whether a person has received one or more doses of
13 a vaccine.

14
15 NEW SECTION. Section 2. Appropriation. There is appropriated \$200 from the general fund to the
16 department of labor and industry for the biennium beginning July 1, 2021, for the purposes of:

17 (1) notifying local boards of health of the requirements of [section 1] and requiring local boards of
18 health to prominently display notice of the requirements of [section 1] on the home page of their website, if
19 available, for at least 6 months after [the effective date of this act]; and

20 (2) requiring the department of public health and human services to prominently display notice of the
21 requirements of [section 1] on the home page of the department's website for at least 6 months after [the
22 effective date of this act].

23
24 NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an
25 integral part of Title 49, chapter 2, part 3, and the provisions of Title 49, chapter 2, part 3, apply to [section 1].

26
27 NEW SECTION. Section 4. Severability. If a part of [this act] is invalid, all valid parts that are
28 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,

1 the part remains in effect in all valid applications that are severable from the invalid applications.

2

3 NEW SECTION. Section 5. Effective date. (1) Except as provided in subsection (2), [this act] is
4 effective on passage and approval.

5 (2) [Section 2] is effective July 1, 2021.

6 - END -

MONTANA HOUSE
67th Legislative Session
2021 Regular Session
VOTE TABULATION

DATE: April 01, 2021
TIME: 02:24 PM
Agenda--Second Reading

SEQ. NO: 1379
BILL NO: HB 702
SPONSOR: Carlson, Jennifer

AMD-002 McKamey D/PASS

YEAS	NAYS	EXCUSED	ABSENT
99	1	0	0
Y Abbott, Kim	Y Frazer, Gregory	Y Kerns, Scot	Y Reksten, Linda
Y Anderson, Fred	Y Fuller, John	Y Kerr-Carpenter, Emma	Y Ricci, Vince
Y Bartel, Dan	Y Funk, Moffie	Y Knudsen, Casey	Y Running Wolf, Tyson
Y Beard, Becky	Y Galloway, Steven	Y Knudsen, Rhonda	Y Schillinger, Jerry
Y Bedey, David	Y Galt, Wylie	Y Kortum, Kelly	Y Seekins-Crowe, Kerri
Y Berglee, Seth	Y Garner, Frank	Y Lenz, Dennis	Y Sheldon-Galloway, Lola
Y Bertoglio, Marta	Y Gillette, Jane	Y Ler, Brandon	Y Skees, Derek
Y Binkley, Michele	Y Gist, Steve	Y Loge, Denley	Y Smith, Frank
Y Bishop, Laurie	Y Greef, Sharon	Y Malone, Marty	Y Stafman, Ed
Y Brewster, Larry	Y Gunderson, Steve	Y Marler, Marilyn	Y Stewart Peregoy, Sharon
Y Buckley, Alice	Y Hamilton, Jim	Y Marshall, Ron	Y Stromswold, Mallerie
Y Buttrey, Edward	Y Harvey, Derek	Y McKamey, Wendy	Y Sullivan, Katie
Y Caferro, Mary	Y Hawk, Donavon	Y Mercer, Bill	Y Tenenbaum, Danny
Y Carlson, Jennifer	Y Hayman, Denise	Y Mitchell, Braxton	Y Thane, Mark
Y Curdy, Willis	Y Hill, Ed	Y Moore, Terry	Y Trebas, Jeremy
Y Custer, Geraldine	Y Hinkle, Jedediah	Y Nave, Fiona	Y Tschida, Brad
Y Dooling, Julie	Y Hinkle, Caleb	Y Noland, Mark	Y Usher, Barry
Y Dunwell, Mary Ann	Y Holmlund, Kenneth	Y Novak, Sara	Y Vinton, Sue
Y Duram, Neil	Y Hopkins, Mike	Y Olsen, Andrea	Y Walsh, Kenneth
Y Farris-Olsen, Robert	Y Jones, Llew	Y Patelis, Jimmy	Y Weatherwax, Marvin
Y Fern, Dave	N Karjala, Jessica	Y Phalen, Bob	Y Welch, Tom
Y Fielder, Paul	Y Kassmier, Joshua	Y Putnam, Brian	Y Whiteman Pena, Rynalea
Y Fitzgerald, Ross	Y Keane, Jim	Y Read, Joe	Y Whitman, Kathy
Y Fleming, Frank	Y Kelker, Kathy	Y Regier, Matt	Y Windy Boy, Jonathan
Y France, Tom	Y Keogh, Connie	Y Regier, Amy	Y Zolnikov, Katie

MONTANA HOUSE
67th Legislative Session
2021 Regular Session
VOTE TABULATION

DATE: April 01, 2021
TIME: 02:28 PM
Agenda--Second Reading

SEQ. NO: 1380
BILL NO: HB 702
SPONSOR: Carlson, Jennifer

Do Pass As Amended

YEAS	NAYS	EXCUSED	ABSENT
66	34	0	0
N Abbott, Kim	Y Frazer, Gregory	Y Kerns, Scot	Y Reksten, Linda
Y Anderson, Fred	Y Fuller, John	N Kerr-Carpenter, Emma	Y Ricci, Vince
Y Bartel, Dan	N Funk, Moffie	Y Knudsen, Casey	N Running Wolf, Tyson
Y Beard, Becky	Y Galloway, Steven	Y Knudsen, Rhonda	Y Schillinger, Jerry
Y Bedey, David	Y Galt, Wylie	N Kortum, Kelly	Y Seekins-Crowe, Kerri
Y Berglee, Seth	Y Garner, Frank	Y Lenz, Dennis	Y Sheldon-Galloway, Lola
Y Bertoglio, Marta	Y Gillette, Jane	Y Ler, Brandon	Y Skees, Derek
Y Binkley, Michele	Y Gist, Steve	Y Loge, Denley	N Smith, Frank
N Bishop, Laurie	Y Greef, Sharon	Y Malone, Marty	N Stafman, Ed
Y Brewster, Larry	Y Gunderson, Steve	N Marler, Marilyn	N Stewart Peregoy, Sharon
N Buckley, Alice	N Hamilton, Jim	Y Marshall, Ron	Y Stromswold, Mallerie
Y Buttrey, Edward	N Harvey, Derek	Y McKamey, Wendy	N Sullivan, Katie
N Caferro, Mary	N Hawk, Donavon	Y Mercer, Bill	N Tenenbaum, Danny
Y Carlson, Jennifer	N Hayman, Denise	Y Mitchell, Braxton	N Thane, Mark
N Curdy, Willis	Y Hill, Ed	Y Moore, Terry	Y Trebas, Jeremy
N Custer, Geraldine	Y Hinkle, Jedediah	Y Nave, Fiona	Y Tschida, Brad
Y Dooling, Julie	Y Hinkle, Caleb	Y Noland, Mark	Y Usher, Barry
N Dunwell, Mary Ann	Y Holmlund, Kenneth	N Novak, Sara	Y Vinton, Sue
Y Duram, Neil	Y Hopkins, Mike	N Olsen, Andrea	Y Walsh, Kenneth
N Farris-Olsen, Robert	Y Jones, Llew	Y Patelis, Jimmy	N Weatherwax, Marvin
N Fern, Dave	N Karjala, Jessica	Y Phalen, Bob	Y Welch, Tom
Y Fielder, Paul	Y Kassmier, Joshua	Y Putnam, Brian	N Whiteman Pena, Rynalea
Y Fitzgerald, Ross	N Keane, Jim	Y Read, Joe	Y Whitman, Kathy
Y Fleming, Frank	N Kelker, Kathy	Y Regier, Matt	N Windy Boy, Jonathan
N France, Tom	N Keogh, Connie	Y Regier, Amy	Y Zolnikov, Katie

MONTANA HOUSE
67th Legislative Session
2021 Regular Session
VOTE TABULATION

DATE: April 06, 2021
TIME: 10:20 AM
Agenda--Third Reading

SEQ. NO: 1391
BILL NO: HB 702
SPONSOR: Carlson, Jennifer

Do Pass

YEAS	NAYS	EXCUSED	ABSENT
62	33	3	2
N Abbott, Kim	Y Frazer, Gregory	Y Kerns, Scot	Y Reksten, Linda
Y Anderson, Fred	Y Fuller, John	N Kerr-Carpenter, Emma	Y Ricci, Vince
Y Bartel, Dan	N Funk, Moffie	Y Knudsen, Casey	N Running Wolf, Tyson
Y Beard, Becky	Y Galloway, Steven	Y Knudsen, Rhonda	Y Schillinger, Jerry
Y Bedey, David	Y Galt, Wylie	N Kortum, Kelly	Y Seekins-Crowe, Kerri
Y Berglee, Seth	Y Garner, Frank	Y Lenz, Dennis	Y Sheldon-Galloway, Lola
Y Bertoglio, Marta	Y Gillette, Jane	Y Ler, Brandon	A Skees, Derek
Y Binkley, Michele	Y Gist, Steve	Y Loge, Denley	N Smith, Frank
N Bishop, Laurie	Y Greef, Sharon	Y Malone, Marty	N Stafman, Ed
Y Brewster, Larry	Y Gunderson, Steve	N Marler, Marilyn	N Stewart Peregoy, Sharon
N Buckley, Alice	N Hamilton, Jim	Y Marshall, Ron	Y Stromswold, Mallerie
Y Buttrey, Edward	N Harvey, Derek	Y McKamey, Wendy	N Sullivan, Katie
N Caferro, Mary	N Hawk, Donavon	Y Mercer, Bill	N Tenenbaum, Danny
Y Carlson, Jennifer	N Hayman, Denise	Y Mitchell, Braxton	N Thane, Mark
N Curdy, Willis	Y Hill, Ed	Y Moore, Terry	Y Trebas, Jeremy
N Custer, Geraldine	Y Hinkle, Jedediah	E Nave, Fiona	Y Tschida, Brad
Y Dooling, Julie	Y Hinkle, Caleb	E Noland, Mark	Y Usher, Barry
N Dunwell, Mary Ann	Y Holmlund, Kenneth	N Novak, Sara	Y Vinton, Sue
Y Duram, Neil	A Hopkins, Mike	N Olsen, Andrea	Y Walsh, Kenneth
N Farris-Olsen, Robert	Y Jones, Llew	Y Patelis, Jimmy	N Weatherwax, Marvin
N Fern, Dave	N Karjala, Jessica	Y Phalen, Bob	Y Welch, Tom
Y Fielder, Paul	Y Kassmier, Joshua	Y Putnam, Brian	E Whiteman Pena, Rynalea
Y Fitzgerald, Ross	N Keane, Jim	Y Read, Joe	Y Whitman, Kathy
Y Fleming, Frank	N Kelker, Kathy	Y Regier, Matt	N Windy Boy, Jonathan
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3 NOLAND, V. RICCI, B. TSCHIDA, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J. TREBAS, D.
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discriminate against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport; or

(c) a public accommodation to exclude, limit, segregate, refuse to serve, or otherwise discriminate against a person based on the person's vaccination status or whether the person has an immunity passport.

~~(2) A government PERSON, A GOVERNMENTAL entity, or an employer does not unlawfully discriminate in violation of this section if any vaccination policy set forth by the government MAY REQUIRE A VACCINE AS LONG AS THE PERSON, GOVERNMENTAL entity, or the employer includes exemptions ALLOWS AN EXEMPTION for a person to decline to be vaccinated based on medical or religious grounds.~~

~~(3)~~(2) As used in this section, the following definitions apply:

(a) "Immunity passport" means a document, digital record, or software application indicating that a person is immune to a disease, either through vaccination or infection and recovery.

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(2) requiring the department of public health and human services to prominently display notice of the requirements of [section 1] on the home page of the department's website for at least 6 months after [the effective date of this act].

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2

3 **NEW SECTION. Section 5. Effective date.** (1) Except as provided in subsection (2), [this act] is
4 effective on passage and approval.

5 (2) [Section 2] is effective July 1, 2021.

6 - END -